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**National Highway
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Bloomington, Indiana 47403-1599

REMOTE AIR BAG REPORT

CASE NO. - 96-10
FLEET - PRIVATE VEHICLE
LOCATION -
ACCIDENT DATE - 1994

Submitted By:

Senior Staff Associate
and

Associate Scientist

1996

Revised Submission:

2001

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

Technical Report Documentation Page

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| | | | | 14. <i>Sponsoring Agency Code</i> | |
| 15. <i>Supplementary Notes</i> Remote air bag deployment investigation involving a 1994 Ford Aspire, two-door hatchback sedan, with manual belts and dual front air bags | | | | | |
| 16. <i>Abstract</i> <p>This report covers a remote investigation of an air bag deployment crash that involved a 1994 Ford Aspire, two-door hatchback sedan, and a 1984 Ford Ranger pickup. This crash is of special interest because the Aspire's right front passenger sustained an atlanto-occipital dislocation and resulting fatal brain injuries from her deploying air bag. The Aspire was traveling north, exiting a curve to the right, in the northbound lane on a two-lane, undivided, State roadway. The Ranger pickup was traveling south, in a left-hand curve, in the southbound lane of the same two-lane, undivided, State roadway and was turning left to travel east on another State roadway. The front of the Aspire (case vehicle) impacted the right rear (wheel and truck bed) of the Ranger pickup (vehicle #2) causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. The case vehicle's driver (56 year-old female) was abnormally postured (i.e., leaning to her right and attempting to use her right arm to impede any forward movement of her granddaughter), with her seat track located between its middle and forward-most position, and no tilt steering wheel option was available. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her medical records, moderate injuries which included: fractures to her left humerus, left fifth metacarpal, and left fourth proximal phalanx. In addition, she sustained contusions to her left chest wall and dorsal forearm and multiple abrasions to her left forearm and hand. According to the investigating police officer and the attorneys representing both the family of the right front passenger and the Ranger's driver, the right front passenger in the case vehicle (4 year-old female) was abnormally postured (i.e., either standing or kneeling on the seat). According to the case vehicle's driver, her seat track was located between its middle and forward-most position, and she was neither in a child safety seat nor wearing her available, active, three-point, lap and shoulder belt. She sustained, according to her medical records, an atlanto-occipital dislocation which created a craniovertebral disassociation causing fatal brain injuries which included: a concussion [i.e., coma (GCS=3)] with severe anoxic/ischemic brain injury, generalized cerebral edema, bilateral intraventricular hemorrhages, and a subarachnoid hemorrhage. She also sustained a nondisplaced left parietal fracture, a laceration to the posterior right lobe of her liver, and a retroperitoneum hemorrhage. In addition, she sustained a contused left forehead, a laceration to her tongue, and multiple massive abrasions to her face and neck.</p> | | | | | |
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TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 96-10

FLEET - PRIVATE VEHICLE
LOCATION -

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1994 Ford Aspire, two-door hatchback sedan, and a 1984 Ford Ranger pickup occurring in 1994 at 12:55 p.m., in a county on a State road. This crash is of special interest because the Aspire's right front passenger sustained an atlanto-occipital dislocation and resulting fatal brain injuries from her deploying air bag.

The Aspire was traveling north, exiting a curve to the right, in the northbound lane on a two-lane, undivided, State roadway when it impacted the Ranger pickup which was traveling south, in a left-hand curve, in the southbound lane of the same two-lane, undivided, State roadway and was turning left to travel east on another State roadway.

The front of the Aspire impacted the right rear (wheel and truck bed) of the Ranger pickup. Based on the available vehicle photographs, the CDCs are estimated as: 12-FDEW-2 for the Aspire and 03-RBEW-2 and 09-LBEN-2 for the Ranger pickup. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that actual vehicular crush measurements be obtained; however, this contractor's visually estimated Delta V for the Aspire is between 20 km.p.h. (12 m.p.h.) and 25 km.p.h. (16 m.p.h.).

The 1994 Ford Aspire was equipped with both driver and right front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the Aspire (56 year-old female) was abnormally postured (i.e., leaning to her right and attempting to use her right arm to impede any forward movement of her granddaughter who was in the right front seat) with her seat track located between its middle and forward-most position, and no tilt steering wheel option was available. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her medical records, moderate injuries which included: fractures to her left humerus, left fifth metacarpal, and left fourth proximal phalanx. In addition, she sustained contusions to her left chest wall and dorsal forearm and multiple abrasions to her left forearm and hand. According to the investigating police officer and the attorneys representing both the family of the right front passenger and the Ranger's driver, the right front passenger (4 year-old female) in the Aspire was abnormally postured (i.e., either standing or kneeling on the seat). According to the Aspire's driver, her seat track was located between its middle and forward-most positions, and she was neither in a child safety seat nor wearing her available, active, three-point, lap and shoulder belt. She sustained, according to her medical records, an atlanto-occipital dislocation which created a craniovertebral disassociation causing fatal brain injuries which included: a concussion [i.e., coma (GCS=3)] with severe anoxic/ischemic brain injury, generalized cerebral edema, bilateral intraventricular hemorrhages, and a subarachnoid hemorrhage. She also sustained a nondisplaced left parietal fracture, a laceration to the posterior right lobe of her liver, and a retroperitoneum hemorrhage. In addition, she sustained a contused left forehead, a laceration to her tongue, and multiple massive abrasions to her face and neck. The driver (45 year-old male) of the Ranger was normally postured, with his seat track located between its middle and rearmost positions, and no tilt steering wheel option was available. He was not wearing his available, active, three-point, lap and shoulder belt and did not sustain any injuries as a result of this crash.

TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 96-10

FLEET - PRIVATE VEHICLE
LOCATION -

ACCIDENT DATA

| | |
|--|--|
| Location/Street: | State Highway |
| State: | |
| Area/Type: | Rural, residential |
| Accident Date: | 1994 |
| Accident Type: | Car / Pick-up truck - right angle |
| Occupant Injury Severity (air bag vehicle): | Concussion and coma with severe anoxic ischemic brain injury (AIS-5) resulting from an atlanto-occipital dislocation (AIS-2) |

AMBIENT CONDITIONS

| | |
|--------------------|--|
| Light Conditions: | Daylight per Police Accident and Post-Crash Investigation Reports |
| Weather Condition: | Clear |
| Precipitation: | None |
| Road Surface: | Dry |
| Temperature: | Unknown <i>{To be updated!}</i> |

ROADWAY

| | <u>Case Vehicle</u> | <u>Vehicle #2</u> |
|-------------------------|--|--|
| Location: | State road | State road |
| Number of Travel Lanes: | 2-lanes, undivided | 2-lanes undivided |
| Width: | Unknown | Unknown |
| Surface Type: | Bituminous per photo- graphs | Bituminous per photo- graphs |
| Vertical alignment: | Level per Police Accident and Post-Crash Investiga- tion Reports | Level per Police Accident and Post-Crash Investiga- tion Reports |

ROADWAY (CONTINUED)

| | <u>Case Vehicle</u> | <u>Vehicle #2</u> |
|-----------------------|---|---|
| Horizontal alignment: | Curve right per Police Accident and Post-Crash Investigation Reports | Curve left per Police Accident and Post-Crash Investigation Reports |
| Traffic Density: | Light per interviewee | Light per interviewee |
| Speed Limit: | 64 km.p.h. (40 m.p.h.) | 64 km.p.h. (40 m.p.h.) |
| Traffic Controls: | Regulatory NO PASSING ZONE and SPEED LIMIT signs per Police Post-Crash Investigation Report | Regulatory NO PASSING ZONE and SPEED LIMIT signs per Police Post-Crash Investigation Report |

VEHICLES

| | <u>Case Vehicle</u> | <u>Vehicle #2</u> |
|---------------------------|--|---|
| Year: | 1994 | 1984 |
| Make: | Ford | Ford |
| Model: | Aspire | Ranger |
| Body Type: | Two-door sedan hatchback, four-passengers | Two-door pickup with standard six foot truck bed, two-passengers |
| V.I.N.: | KNJLT05H4R6----- | 1FTCR10S1EL----- |
| Mileage: | 17,757 km (11,033.7 mi) per Post-Crash Investigation Report and repair estimate | 122,492 km (76,113 mi) per Post-Crash Investigation Report |
| Windshield damage/source: | Cracked per photographs | None per interviewee |
| Active Restraints: | Three-point, manual, lap and shoulder belts in front and rear outboard positions | Three-point, manual, lap and shoulder belts in front outboard positions |
| Passive Restraints: | Factory installed driver and right front passenger supplemental restraint systems (air bags) | None |
| Fleet: | Private vehicle | Private vehicle |
| Tow status: | Towed due to damage | Towed due to damage |
| Reported Defects: | None | None |

VEHICLE DAMAGE

| | <u>Case Vehicle</u> | <u>Vehicle #2</u> |
|-----------------------------|--|--|
| <u>DEPLOYMENT IMPACT</u> | | |
| Event number: | First | First |
| Object struck: | Vehicle #2 | Case vehicle |
| Damage location: | Front bumper | Right side |
| CDC: | 12-FDEW-2 per photographs | 03-RBEW-2 per photographs |
| Estimated maximum crush: | 18 cm (7.0 in) per Post-Crash Investigation Report | 33 cm (13.0 in) per Post-Crash Investigation Report |
| Damaged components: | Front bumper, hood, and grille assemblies, radiator, components of left and right headlights, and left and right fenders | Right rear quarter panel and wheel per photographs |
| Repair estimate: | \$5,984 | Unknown |
| Interior damage: | Driver and right front passenger air bag modules | Unknown |
| <u>NONDEPLOYMENT IMPACT</u> | | |
| Event number: | | Second |
| Object struck: | | Stop sign on concrete traffic island |
| Damage location: | | Left |
| CDC: | | 03-LBEN-2 per photographs |
| Estimated maximum crush: | | 20 cm (8.0 in) per Post-Crash Investigation Report |
| Damaged components: | | Left rear quarter panel and wheel per photographs and attorney representing family of case vehicle's right front passenger |
| Repair estimate: | | Unknown |
| Interior damage: | | None |

COLLISION SEQUENCE

PRE-CRASH: According to the Police¹ and the case vehicle's (Aspire) driver, the case vehicle was traveling north, exiting a curve to the right, in the northbound lane on a two-lane, undivided, State roadway. According to the Police and the driver of vehicle #2 (Ranger pickup), vehicle #2 was traveling south, in a left-hand curve, in the southbound lane of the same two-lane, undivided, State roadway and was in the process of turning left to travel east on another State roadway. According to the case vehicle's driver, after exiting the curve right, vehicle #2 turned left in front of her. According to the case vehicle's driver, the Post-Crash Investigation Report², and the scene photographs (see **SELECTED PHOTOGRAPHS #01 and #01**), she braked. According to the case vehicle's driver, as she braked she simultaneously reached across (i.e., leaning to her right) to the right front passenger seat and attempted to use her right arm to impede any forward movement of her unrestrained and abnormally postured granddaughter and prevent her from striking the dash. According to our interview with the case vehicle's driver, her granddaughter was normally postured. According to the investigating police officer and the attorneys representing both the family of the right front passenger and vehicle #2's driver, the case vehicle's driver stated in her deposition that her granddaughter was either standing or kneeling on her seat (i.e., abnormally postured). According to the Post-Crash Investigation Report and the scene photographs, the case vehicle's driver had steered right prior to locking-up her brakes. In this contractor's opinion, the braking maneuver combined with the case vehicle driver's reaching and leaning to her right, most likely caused the rightward steering which allowed the case vehicle to cross the edgeline and travel onto the east shoulder of the road. According to the attorney for vehicle #2's driver, he made no pre-crash avoidance maneuvers and vehicle #2 attempted to continue eastward on the intersecting State road prior to impact. The crash occurred on the east leg of the "Tee" intersection of the two roadways.

CRASH: According to the Police and the available photographs (see **SELECTED PHOTOGRAPHS #03 through #18**), the front bumper of the case vehicle impacted the right rear wheel and truck bed of the vehicle #2 causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. According to the crash dynamics, the case vehicle rotated slightly clockwise after impact and came to rest straddling the eastbound lane of the intersecting State road heading north-northeast. According to the Police and the driver of vehicle #2, vehicle #2 rotated clockwise after impact and subsequently struck a stop sign post mounted on a traffic island. Vehicle #2 most likely came to rest straddling the east-westbound lanes on the east leg of the "Tee" intersection heading essentially eastward.

¹ The term "Police" as used in the Collision Sequence and Discussion sections implies that the specific information was found in both the Police Accident Report and the Post-Crash Investigation Report.

² According to the Post-Crash Investigation Report, the case vehicle deposited the following skidmarks: right front tire 19.94 meters (65 feet 5 inches), left front tire 7.72 meters (25 feet 4 inches).

OCCUPANT DATA³

| <u>DRIVERS:</u> | <u>Case Vehicle</u> | <u>Vehicle #2</u> |
|---------------------------------|---|--|
| Age: | 56 | 45 |
| Sex: | Female | Male |
| Height: | 168 cm (66 in) | 170 cm (67 in) |
| Weight: | 75 kg (165 lbs) | 73 kg (160 lbs) |
| Occupation: | Not employed | Repairman |
| Active Restraint System/Usage: | Lap and shoulder belt/Not used | Lap and shoulder belt/Not used |
| Usage Source: | Driver, Police Accident Report, and medical records | Interviewee and Police Accident Report |
| Passive Restraint System/Usage: | Driver side air bag/Air bag deployed | Not equipped |
| Usage Source: | Vehicle photographs, interviewee, Police Accident and Post-Crash Investigation Reports, and medical records | Not applicable |
| Eye glasses/contacts: | None per interviewee | Not applicable |
| Vehicle Familiarity: | Four months, driven approximately 8,047 km (5,000 mi) | Six to eight years @ an unknown annual usage |
| Route Familiarity: | Daily | Twice weekly |
| Trip Plan: | Home to relatives | Work (shop) to Work (Delivery) |
| Manner of Leaving Scene: | Ambulance | Unknown |
| Type of Medical Treatment: | Hospitalized | None per interviewee |
| Blood Alcohol Level: | Positive ³ , unknown level, alcohol on breath in initial emergency room | Not tested |

³ The initial medical facility reported the case vehicle driver's Blood Alcohol Level as 1.0. Since this is a nonstandard method of reporting it is unclear if the test results indicated 10 mg/dl or 100 mg/dl. The actual laboratory results are not available; however, alcohol was detected on the driver's breath. The "transferred to" medical facility, which tested her five hours post-crash, indicated that she had a positive alcohol presence but that the level was less than or equal to 10 mg/dl. Although the exact level is unknown, it is most likely that alcohol was present.

OCCUPANT DATA (CONTINUED)

| <u>OTHER PASSENGERS:</u> | <u>Case Vehicle, Right Front</u> | <u>Vehicle #2, Center Front</u> | <u>Vehicle #2, Right Front</u> |
|------------------------------------|---|---|--|
| Age: | 4 year-old | 17 year-old | 18 year-old |
| Sex: | Female | Female | Male |
| Height: | 117 cm (46 in) | 157 cm (62 in) | 180 cm (71 in) |
| Weight: | ~ 23 kg (~ 50 lbs) | 50 kg (110 lbs) | 77 kg (170 lbs) |
| Active Restraint System/Usage: | 3-point lap and shoulder/Not used | Not equipped per vehicle specifica- tions @ this posi- tion/Not used | 3-point lap and shoulder/Not used |
| Usage Source: | Interviewee, Police Accident and Post- Crash Investigation Reports, and med- ical records | Interviewee | Interviewee and Police Accident Report |
| Passive Restraint System/Usage: | Right front air bag/Deployed | Not equipped | Not equipped |
| Usage Source: | Vehicle photo- graphs, interview- ee, Police Acci- dent Report, and medical records | Not applicable | Not applicable |
| Eye glasses/contacts: | None per inter- viewee | Not applicable | Not applicable |
| Manner of Leaving Scene: | Ambulance | Unknown | Unknown |
| Type of Medical Treatment: | Hospitalized and subsequently pro- nounced brain dead | None per inter- viewee | Unknown if treated |

CASE VEHICLE DRIVER INJURIES⁴

| <u>Description of Injury</u> | <u>A.I.S.</u> | <u>Source of Data</u> | <u>Injury Mechanism</u> | <u>Certainty</u> |
|---|---------------|-----------------------|-------------------------------|------------------|
| Fracture capitulum ⁴ left humerus | 752602.2,2 | 3 | Left window sill | {Possible} |
| Fracture, shaft, left fifth metacarpal | 752002.2,2 | 2 | Left instrument panel or dash | {Probable} |
| Fracture, oblique oriented, shaft, left fourth proximal phalanx | 752404.1,2 | 2 | Left instrument panel or dash | {Probable} |
| Contusion left chest wall | 390402.1,2 | 2 | Air bag, driver's side | {Certain} |
| Abrasions, multiple, left forearm and hand | 790202.1,2 | 3 | Air bag, driver's side | {Certain} |
| Contusion {ecchymosis} left dorsal forearm | 790402.1,2 | 2 | Air bag, driver's side | {Probable} |

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES^{5,6,7}

| <u>Description of Injury</u> | <u>A.I.S.</u> | <u>Source of Data</u> | <u>Injury Mechanism</u> | <u>Certainty</u> |
|--|-------------------------|-----------------------|---------------------------|------------------|
| Concussion, coma (GCS=3 ⁵) with severe anoxic/ischemic ⁶ brain injury | 160824.5,0 | 2 | Air bag, passenger's side | {Certain} |
| Cerebral edema, generalized | 140672.4,3 ⁷ | 2 | Air bag, passenger's side | {Certain} |

4

defines the listed key word as follows:

capitulum (ka-pi'tu-lam) -- a general term for a little head, or a small eminence on a bone by which it articulates with another bone; in anatomical nomenclature applied only to the distal end of the humerus, since that bone already possesses a head (caput). *c. humeri, c. of humerus* -- an eminence on the distal end of the lateral epicondyle of the humerus for articulation with the head of the radius.

This contractor was unable to obtain the actual imaging report that first identified this lesion; however, the medical records obtained contain three secondary references to this injury.

5

The patient's pupils were fixed, dilated, and unreactive. She had no pulse or spontaneous respirations. Her Glasgow Coma Scale score was assessed as 3T (intubated), but she could not have responded verbally.

6

defines these key words as follows:

anoxia (a-nok/se-a) -- a total lack of oxygen; often used interchangeably with *hypoxia* to mean a reduced supply of oxygen to the tissues.

encephalopathy (en-sef'a-lop/a-the) -- any degenerative disease of the brain.

hypoxia (hi-pok/se-a) -- reduction of oxygen supply to tissue below physiological levels despite adequate perfusion of the tissue by blood. *compare with anoxia*

hypoxic (hi-pok/sik) -- pertaining to or characterized by hypoxia.

hypoxiaischemia (hi-pok/se-a-is-ke/me-a) -- the changes occurring in tissues when the blood supply is cut off, particularly in a fetus or infant with asphyxia.

ischemia (is-ke/me-a) -- deficiency of blood in a part, usually due to functional constriction or actual obstruction of a blood vessel.

ischemic (is-kem'ik) -- pertaining to, or affected with, ischemia.

7

Strictly according to NASS CDS Injury Coding protocol, the Aspect "bilateral" is not allowed for the purpose of combining these lesions when they involve both cerebral hemispheres; each "lesion-hemisphere combination" should be coded separately. Bilateral is used here because the contact mechanism for each cerebral hemisphere is identical (i.e., the air bag).

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES (CONTINUED)^{8,9}

| <u>Description of Injury</u> | <u>A.I.S.</u> | <u>Source of Data</u> | <u>Injury Mechanism</u> | <u>Certainty</u> |
|--|-------------------------|-----------------------|---------------------------------------|------------------|
| Intraventricular hemorrhage in both lateral ventricles | 140678.4,3 ⁷ | 2 | Air bag, passenger's side | {Certain} |
| Subarachnoid hemorrhage | 140684.3,9 | 2 | Air bag, passenger's side | {Certain} |
| Atlanto-occipital dislocation consistent with craniovertebral disassociation | 650208.2,6 | 2 | Air bag, passenger's side | {Certain} |
| Fracture, nondisplaced, left parietal bone | 150402.2,2 | 2 | Front header | {Possible} |
| Laceration posterior right lobe of liver | 541820.2,1 | 2 | Seat back support | {Possible} |
| Hemorrhage retroperitoneum | 542800.3,8 | 2 | Unknown injury mechanism ⁸ | {Unknown} |
| Contusion left forehead | 290402.1,7 | 3 | Air bag, passenger's side | {Probable} |
| Laceration tongue | 243402.1,8 | 3 | Air bag, passenger's ⁹ | {Certain} |
| Abrasions, massive, face | 290202.1,0 | 2 | Air bag, passenger's | {Certain} |
| Abrasions neck | 390202.1,9 | 3 | Air bag, passenger's | {Certain} |

VEHICLE #2 DRIVER INJURIES

| <u>Description of Injury</u> | <u>A.I.S.</u> | <u>Source of Data</u> | <u>Injury Mechanism</u> | <u>Certainty</u> |
|------------------------------|---------------|-----------------------|-------------------------|------------------|
| Not injured | 0 | 7 | Not applicable | Not applicable |

VEHICLE #2 CENTER FRONT PASSENGER INJURIES¹⁰

| <u>Description of Injury</u> | <u>A.I.S.</u> | <u>Source of Data</u> | <u>Injury Mechanism</u> | <u>Certainty</u> |
|------------------------------|---------------|-----------------------|-------------------------|------------------|
| Not injured | 0 | 7 | Not applicable | Not applicable |

⁸ The primary focus of the physicians involved with this patient was aimed at saving her life from her critical cerebral injuries. Because of her cerebral injuries, her abdominal, and most likely thoracic regions, were not the primary medical focus. Because there was no autopsy, it is unknown what caused her massive retroperitoneal hemorrhage. Since this contractor does not know exactly the anatomical origin of the hemorrhage, assigning a contact mechanism would be purely speculative.

⁹ The patient bit her tongue upon contact with her air bag.

¹⁰ According to the vehicle specifications, no restraints were provided for a front center position.

VEHICLE #2 RIGHT FRONT PASSENGER INJURIES

| <u>Description of Injury</u> | <u>A.I.S.</u> | <u>Source of Data</u> | <u>Injury Mechanism</u> | <u>Certainty</u> |
|------------------------------|---------------|-----------------------|-------------------------|------------------|
| Contusion posterior head | 190402.1,9 | 7 | Right "B"-pillar | {Probable} |

DISCUSSION

According to the case vehicle's driver she was abnormally postured immediately prior to impact. She was: leaning to the right with her left hand on the steering wheel, her right arm extended to the right trying to hold back her granddaughter, left foot most likely in the air, and her right foot on the brake. According to the case vehicle's driver, she was unsure exactly how her seat track was positioned but thought it was between the middle and forward-most positions with her seatback completely upright. The case vehicle's steering column is not adjustable. According to the Police¹¹ the case vehicle's driver, and her medical records, the driver was not restrained by her available, active, three-point lap and shoulder belts.

According to the available evidence, upon recognition of vehicle #2's left turn in front of the case vehicle, she steered right and braked. Based on occupant kinematic principals, the driver's rightward leaning, combined with the driver's locked braking maneuver and her lack of safety belts, most likely caused the driver to move slightly forward and toward the right side of her steering wheel and air bag module.

Based on the crash dynamics [i.e., the PDOF (Principal Direction of Force)], the case vehicle's driver moved rapidly forward and slightly toward her left (PDOF ~ -10 degrees) at impact. The deploying air bag struck her primarily on her left side abrading and contusing her left chest wall, forearm, and hand. In this contractor's opinion, the driver's left hand most likely was propelled forward from the steering wheel and struck the left instrument panel and/or lower dash fracturing her fifth metacarpal and proximal fourth finger. Given the position of a normal left hand grasp on a steering wheel, it is entirely consistent that the fourth and fifth fingers would strike the instrument panel/dash first. In addition, in this contractor's opinion, as the driver moved forward and slightly leftward, the deploying air bag helped loosen her grasp on the steering wheel rim and push her left arm outward. As the driver's hand struck the instrument panel/dash, her left elbow would most likely bend and move outward. This action could have resulted in the lateral epicondyle of her left humerus (i.e., elbow area) possibly striking an interior side surface (e.g., the window sill) causing the fracturing that was discovered at least two weeks post-crash.

The posture of the case vehicle driver's granddaughter (right front passenger) is unknown. According to the case vehicle's driver, her granddaughter was normally postured with her hands in her lap and her back against the seatback. According to the attorney representing vehicle #2's driver and the investigating officer, the granddaughter was either standing or kneeling in her seat. According to the case vehicle's driver, her seat track was located between its middle and forward-most position and the child was neither in a child safety seat nor wearing her available,

¹¹ The term "Police" as used in the Collision Sequence and Discussion sections implies that the specific information was found in both the Police Accident Report and the Post-Crash Investigation Report.

DISCUSSION (CONTINUED)

active, three-point, lap and shoulder belt. The attorney for vehicle #2's driver and one of the physicians indicated that the right front passenger went over¹² her deploying air bag. One physician indicated that this girl struck and broke the windshield. Examination of the available photographs (see **SELECTED PHOTOGRAPH #09**) indicates that the right front air bag module's cover flap broke the windshield.

In this contractor's opinion, the pre-crash braking, the lack of safety belts, the seat position, and the right front passenger's short stature [117 centimeters (46 inches)] and low gravitation attraction [i.e., her weight was 18-23 kilograms (40-50 pounds)] caused her to move rapidly forward and upward at impact where she was struck and essentially fatally injured by her deploying right front air bag. The child's impact with the deploying air bag caused the atlanto-occipital dislocation [at least one centimeter (2.5 inches) of disassociation according to one physician] which caused the on-set of her fatal brain injuries.

In this contractor's opinion, the reported (see above) occurrence of the child going over her air bag most likely did occur but was misinterpreted by those reporting its occurrence. In this contractor's opinion, the forward and upward movement of the child from the pre-crash braking and impact was exacerbated by the air bag which propelled the child vertically upward as a result of the air bag's deployment. In this contractor's opinion, the child mostly likely struck the windshield header and/or roof with her left parietal area causing the singularly reported nondisplaced skull fracture. After striking the front header and/or roof the child most likely rebounded rearward striking the upper portion of her seatback support with her back causing the liver laceration and/or retroperitoneal hemorrhage that was reported in her medical records. However, it is also possible that the liver injury was caused by the air bag itself. In this contractor's opinion, the critical nature of her cervical and brain injuries caused the physicians to prioritize their efforts toward saving the child's life. As a result, the full nature of her thoracic and abdominal injuries will most likely remained undetermined because no autopsy was performed.

Clearly the massive¹³ facial and minor neck abrasions resulted from contacting the air bag. The remaining injury mechanism are consistent with occupant kinematic principals and the known crash dynamics.

¹² On the other hand, one physician reported that the right front passenger went under her air bag striking the lower dash. In this contractor's opinion, neither scenario is correct.

¹³ The reference to massive facial abrasions only occurred on two medical records, and these records were most likely written by the same physician. The reference to "massive" was used only in a "passing" context. Exactly how extensive these abrasions were was never quantified or elaborated upon. It cannot be determined from her available medical records whether or not there was any contact between the child and the right front air bag module's cover flap.

Appendix A:

SELECTED PHOTOGRAPHS

A total of twenty color copies of photographs are presented and referenced as Photograph #01 through Photograph #20. All of these photographs were provided by the attorney representing the Family of the Case Vehicle's Right Front Passenger.



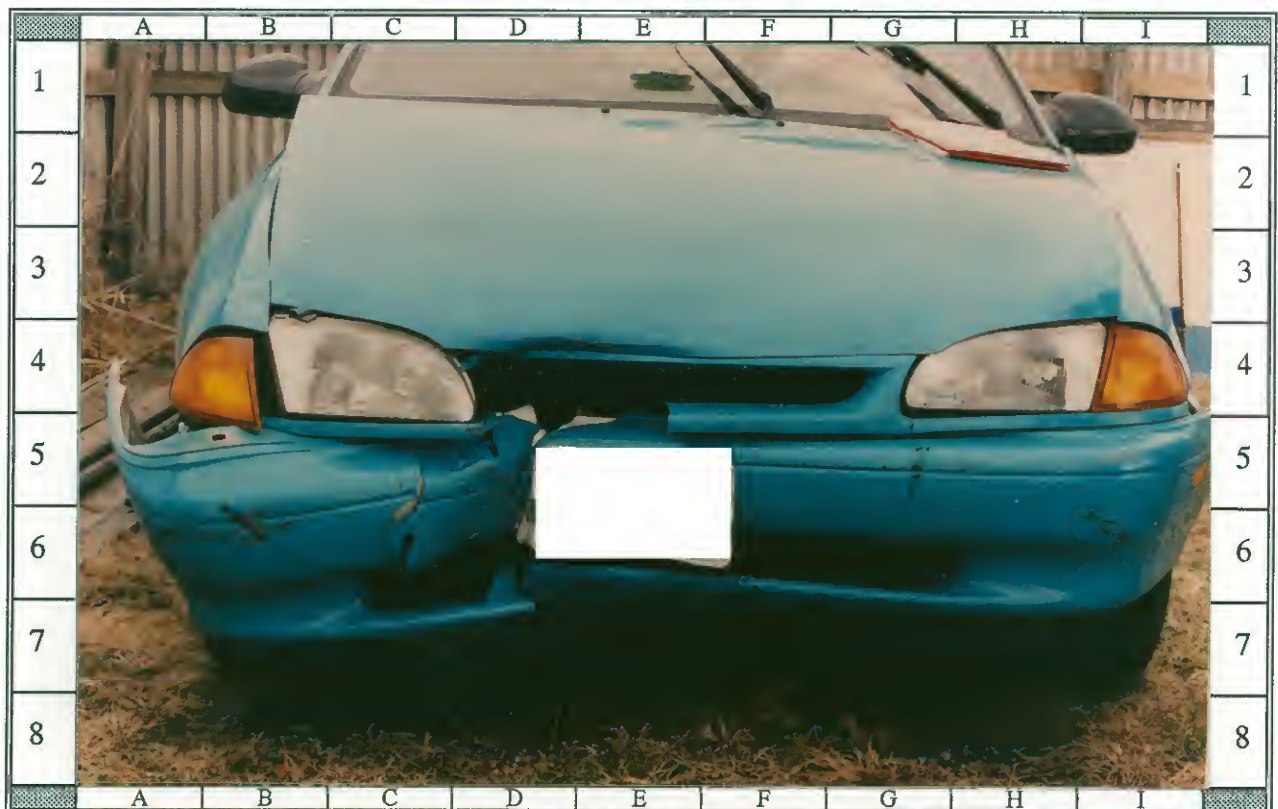
01: On scene southward view in Case Vehicle's northbound lane from just west of impact area; NOTE: skid marks left by Case Vehicle's front tires



02: On-scene southward view of Case Vehicle's northward travel path just prior to impact; NOTE: Case Vehicle's skid marks leading to impact

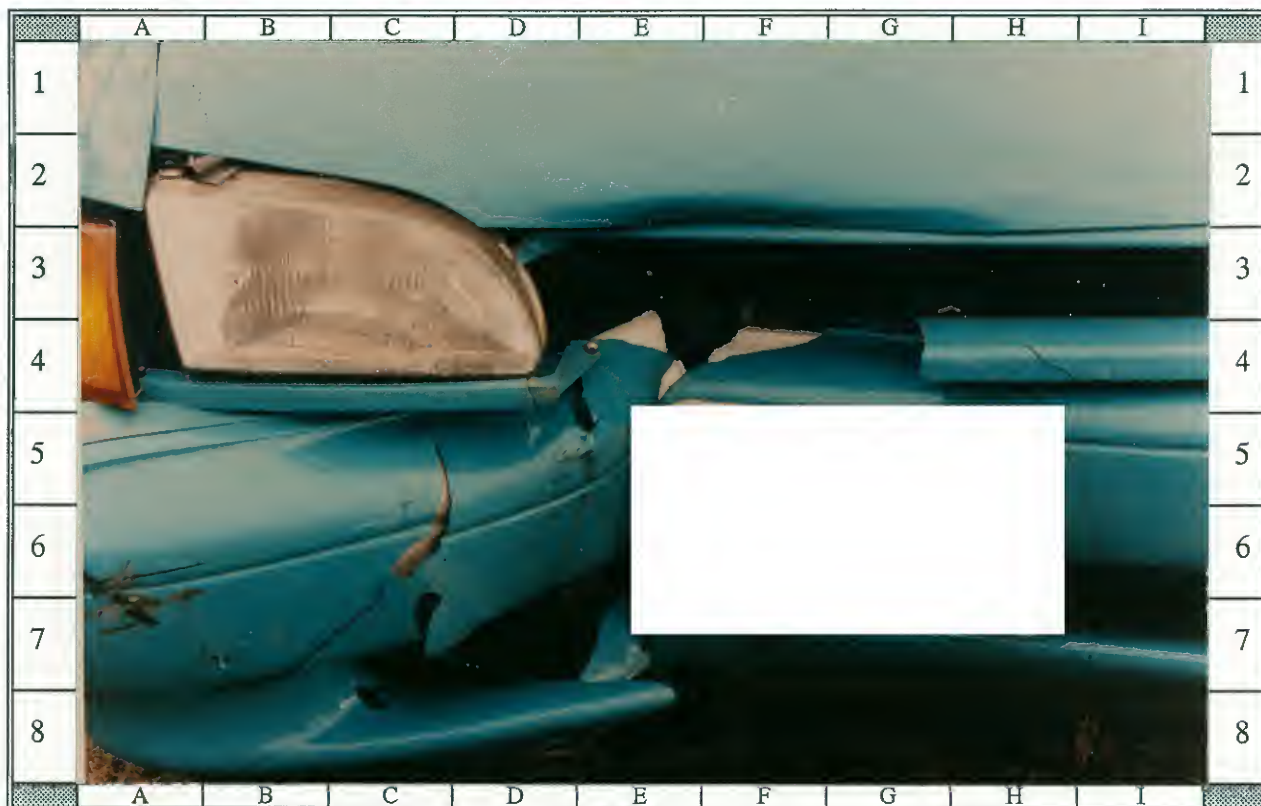


03: Towward view of Case Vehicle's frontal damage from impact with 1984 Ford Ranger pickup; NOTE: direct damage extends across entire front



04: Close-up view of direct damage to Case Vehicle's front; NOTE: tire mark on bumper (cells D5 & G5) from 1984 Ford Ranger pickup's right rear tire

Case Vehicle: 1994 Ford Aspire, Two-Door Hatchback, Four-Passenger, 1.3 L (81) I-4



05: Closer-up view of direct damage to Case Vehicle's front bumper; NOTE: round imprint on license plate from 1984 Ford pickup's right rear hubcap (cells F6--G6)



06: Comparison close-up of direct damaged to right rear tire of 1984 Ford Ranger pickup; NOTE: bent rim (cells C4--D3) and hubcap (cells E5--E6)



07: Case Vehicle's damaged front and left side of from approximately 70 degrees left of front; NOTE: buckled hood and induced damage to left fender



08: Case Vehicle's right front side from approximately 110 degrees right of front showing buckled hood and induced damage to right fender

Case Vehicle: 1994 Ford Aspire, Two-Door Hatchback, Four-Passenger, 1.3 L (81) I-4



09: Case Vehicle's cracked windshield on right (passenger) side; NOTE: crack most likely from right front air bag module's cover flap



10: Case Vehicle's deployed driver and right front passenger air bags viewed from outside driver's window; NOTE: bent cover flap on passenger's side (cell F1)



11: Toward view of Vehicle #2's damaged right rear side viewed from approximately 15 degrees right of back



12: Vehicle #2's damaged right rear side viewed from approximately 45 degrees right of back; NOTE: direct damage to wheel well area--wheel replaced

Vehicle #2: 1984 Ford Ranger, 4x2 Pickup, Two-Passengers, Six-Foot Bed, 2.8 L (171) V-6



13: Closer view of Vehicle #2's damaged right rear side viewed from approximately 60 degrees right of back; NOTE: cargo was present at time of crash



14: Vehicle #2's damaged right rear side viewed from approximately 30 degrees right of front; NOTE: wheel replaced prior to photograph

Vehicle #2: 1984 Ford Ranger, 4x2 Pickup, Two-Passengers, Six-Foot Bed, 2.8 L (171) V-6



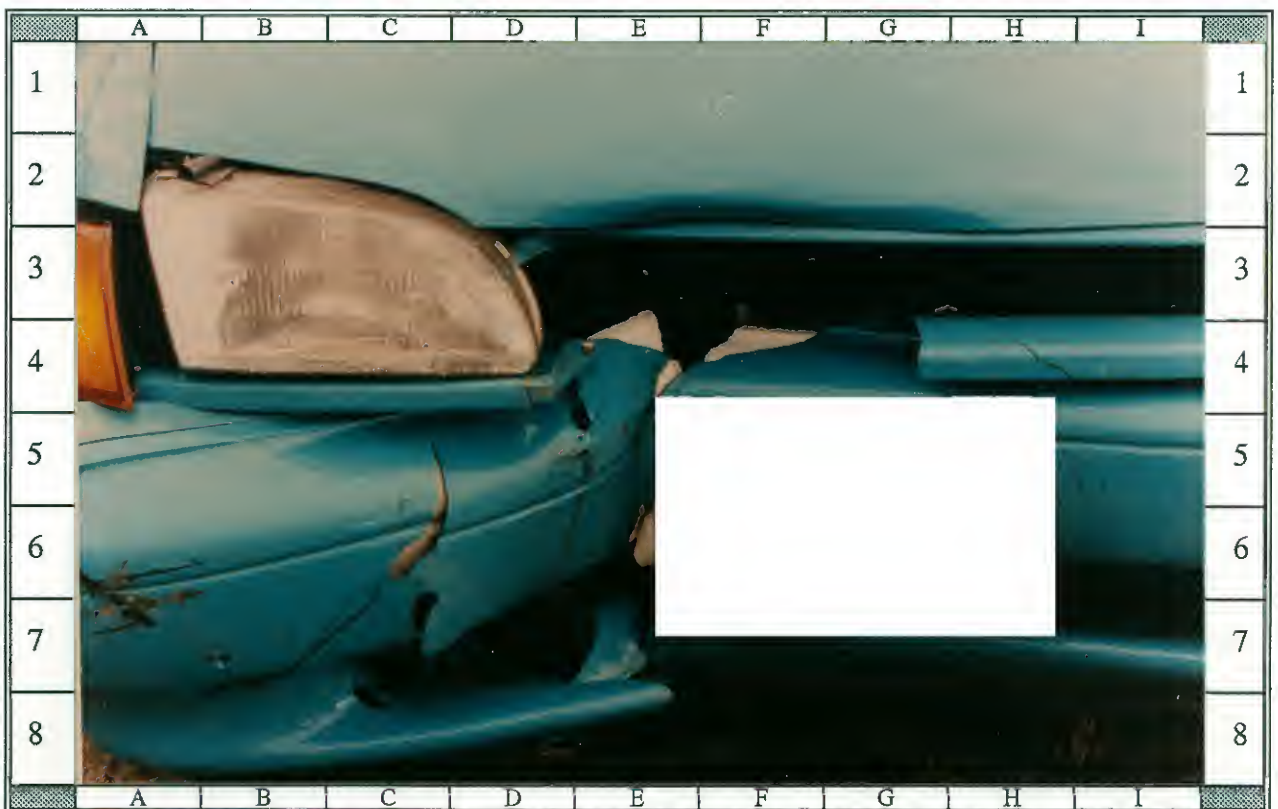
15: Direct damage to Vehicle #2's right rear side viewed from right; NOTE: direct damage to spring (cells E7-F7)



16: Close-up of direct damage to Vehicle #2's right rear spring from 1994 Ford Aspire's front bumper



17: Close-up of damage to Vehicle #2's original right rear tire; NOTE: direct contact to tire and bent wheel rim and center hub



18: Comparison close-up of direct damaged to 1994 Ford Aspire's front bumper from Vehicle #2's center hub; NOTE: round imprint on license plate (cells F6--G6)

Vehicle #2: 1984 Ford Ranger, 4x2 Pickup, Two-Passengers, Six-Foot Bed, 2.8 L (171) V-6



19: Vehicle #2's damaged left rear side; NOTE: damage occurred when Vehicle #2 rotated into the cement base of a stop sign following its initial impact



20: Close-up of Vehicle #2's damaged left rear side and wheel area from impact with cement base of stop sign; NOTE: tire replaced

POLICE ACCIDENT REPORT

AND

POST-CRASH INVESTIGATION REPORT

1742 1742 PAGES

DMV COPY 111 3001 (REV 1/90)

REPORT DATE 11/11/94 DAY OF WEEK TH TIME 11:45 AM 12:00 PM 12:30 PM 1:00 PM 1:30 PM 2:00 PM 2:30 PM 3:00 PM 3:30 PM 4:00 PM 4:30 PM 5:00 PM 5:30 PM 6:00 PM 6:30 PM 7:00 PM 7:30 PM 8:00 PM 8:30 PM 9:00 PM 9:30 PM 10:00 PM 10:30 PM 11:00 PM 11:30 PM

TYPE OF ACCIDENT

LOCATION OF ACCIDENT

LOCATION NUMBER ON STREET NAME

AT INTERSECTION WITH

VEHICLE NO 1

DRIVER'S NAME (LAST, FIRST, MIDDLE)

OCCUPATION

YEARS OF DRIVING EXPERIENCE

DATE OF BIRTH

SEX

DRIVER'S LICENSE NUMBER

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET & NO)

CITY

STATE

ZIP CODE

MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.)

YEAR

REPAIR COST

VEHICLE NO 2 (OR PEDESTRIAN)

DRIVER'S NAME (LAST, FIRST, MIDDLE)

OCCUPATION

YEARS OF DRIVING EXPERIENCE

DATE OF BIRTH

SEX

DRIVER'S LICENSE NUMBER

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET & NO)

CITY

STATE

ZIP CODE

MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.)

YEAR

REPAIR COST

OBJECT STRUCK (TREE, FENCE, ETC.)

DAMAGE TO PROPERTY OTHER THAN VEHICLES

VEHICLE NO 1 DAMAGE CHECK POINTS OF IMPACT

VEHICLE NO 2 DAMAGE CHECK POINTS OF IMPACT

ACCIDENT DIAGRAM

INDICATE NORTH BY ARROW

VEHICLE NO 1 DAMAGE: FRONT, LEFT, RIGHT, REAR

VEHICLE NO 2 DAMAGE: FRONT, LEFT, RIGHT, REAR

DRIVER OF VEHICLE #2 EXCEEDED THE POSTED SPEED LIMIT STRUCK VEHICLE #1 IN THE RIGHT SIDE. THE IMPACT FROM VEHICLE #2 PUSHED VEHICLE #1 ONTO A CONCRETE TRAFFIC ISLAND CAUSING VEHICLE #1 TO STRIKE A STOP SIGN.

NO SEAT BELT IN USE FOR VEHICLE #2. VEHICLE EQUIPPED WITH DUAL AIR BAGS WHICH DEPLOYED.

INVESTIGATOR'S NAME

DEPARTMENT NAME AND ADDRESS

DATE REPORT FILED

| | | | | | | | |
|---|---|---|---|----|----|----|---|
| 1 | 3 | 1 | 1 | 26 | 77 | 40 | X |
| 2 | 1 | 6 | 1 | 38 | F | 2A | X |
| 2 | 3 | 6 | 1 | 40 | F | 1K | X |

BEST AVAILABLE

1-1-78 Supplemental

FD-300 (REV. 1-7-60)

| | | | | | |
|-------------------|--|------------------|--|-------------------------|--|
| COUNTY OF ALABAMA | | MILE POST NUMBER | | ROAD NO. OR HIGHWAY NO. | |
| CITY/TOWN/VILLAGE | | VEHICLE NO. 1 | | VEHICLE NO. 2 | |
| STATE | | STATE | | STATE | |

| | | | | | |
|-----------------------------|--|---------------|--|---------------|--|
| ROUTE NUMBER OR STREET NAME | | VEHICLE NO. 1 | | VEHICLE NO. 2 | |
| CITY | | CITY | | CITY | |

| | | | |
|------------------------|--|------------------------|--|
| OCCUPATION | | OCCUPATION | |
| ADDRESS (STREET & NO.) | | ADDRESS (STREET & NO.) | |
| CITY | | CITY | |

| | | | |
|---------------|--|---------------|--|
| STATE | | STATE | |
| ZIP CODE | | ZIP CODE | |
| DATE OF BIRTH | | DATE OF BIRTH | |

| | | | |
|--|--|--|--|
| VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE) | | VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE) | |
|--|--|--|--|

| | | | |
|------------------------|--|------------------------|--|
| ADDRESS (STREET & NO.) | | ADDRESS (STREET & NO.) | |
| CITY | | CITY | |
| STATE | | STATE | |

| | | | | | |
|--|--|------|--|-------------|--|
| MAKE & TYPE OF VEHICLE (SHOW MAKE, MODEL, MOTORCYCLE, AMBULANCE, ETC.) | | YEAR | | REPAIR COST | |
| MAKE & TYPE OF VEHICLE (SHOW MAKE, MODEL, MOTORCYCLE, AMBULANCE, ETC.) | | YEAR | | REPAIR COST | |

| | | | | | |
|----------------------|--|-------|--|----------------------------------|--|
| LICENSE PLATE NUMBER | | STATE | | NAME OF INSURANCE COMPANY/AGENCY | |
| LICENSE PLATE NUMBER | | STATE | | NAME OF INSURANCE COMPANY/AGENCY | |

| | | | | | |
|--|--|---------|--|-------------|--|
| DAMAGE TO PROPERTY OTHER THAN VEHICLES | | ADDRESS | | REPAIR COST | |
|--|--|---------|--|-------------|--|

| | | | | | |
|---|--|------------------|--|---|--|
| VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT | | ACCIDENT DIAGRAM | | VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT | |
| | | | | | |
| SPEED | | SPEED | | SPEED | |
| BEFORE ACCIDENT | | BEFORE ACCIDENT | | BEFORE ACCIDENT | |

| | | | |
|-----------------------|--|-----------------------|--|
| VEHICLE NO. 1 DAMAGES | | VEHICLE NO. 2 DAMAGES | |
| TOTALLED 6 | | TOTALLED 6 | |

Supplemental to reflect charges as follows:

Driver of vehicle #1 fail to yield right of way/Driver of vehicle #2 - reckless

Driver of vehicle #1 fail to yield right of way/Driver of vehicle #2 - reckless

Names of injured - if any

Include date of death

REVIEWING OFFICER DATE REPORT FILED

ABSTRACT

The accident described in this report occurred on an undivided two lane highway in . The highway is marked with no passing lines. Vehicle #1 was making a left turn from Route onto Route . Vehicle #2 was travelling north of Route applied brakes and skidded into the right rear of vehicle #1, knocking vehicle #1 into stop sign.

Results: This crash resulted in one fatality and two personal injuries.

SUMMARY

SYNOPSIS

Day of week, time -

Vehicles involved: Vehicle 1 - 1984 Ford Ranger Pick-Up Truck
Vehicle 2 - 1994 Ford Aspire 2 dr. Sedan

Probable Cause: Driver inattention on the part of driver #2. There was sufficient sight distance for the driver to avoid vehicle #1 which had cleared the intersection when it was struck.

It appears from evidence at the scene that driver #2 steered to the right rather than to the left to avoid vehicle #1.

Ambiance and
Surroundings:

At the time of the crash it was daylight and road surface was dry. The roadway alignment is curve level, marked with no passing lines. The posted speed limit at the crash site is 40 mph.

Vehicles:

The 1984 Ford Ranger Pick-Up has I.D. The factory wheel base is 9'0". The odometer reading was 76,113. Safety equipment consisted of lap belt and shoulder harness for the driver and front passenger. There was contact damage to the right rear tire and right side of the pick-up bed. The damage was located 8 feet from the front of the vehicle. The truck bed on the right side was crushed inward 13 inches. There was also contact damage to the left side of the truck bed located 12'4" from the front of the vehicle. The truck bed on the left side was crushed inward 8".

The 1994 Ford Aspire was a two door sedan, . The factory wheel base is 7'8". The odometer reading was 11,033.7. Safety equipment consisted of lap belt and shoulder harness and air bags for the driver and front passenger. There was

| | | | | | | | | | | | | | |
|--|------|------------|-----------------|---------------------|-------|--|------|---|-----------------|----------------------|-------|-------|--|
| DATE | | TIME | | CITY-COUNTY-TOWN | | VEHS | | PHOTOGRAPHS | | NEGATIVE FILE NUMBER | | | |
| | | | | | | 2 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| ROUTE NO. - STREET NAME | | | | | | DATE WITH OR CLOSEST TO intersection | | | | | | | |
| RURAL | | | | ALIGNMENT | | WEATHER CONDITION | | | | TRAFFIC CONTROL | | | |
| | | | | Curve Level | | Clear | | | | Traffic Lane Marked | | | |
| VEHICLE NO. 1 | | | | | | VEHICLE NO. 2 | | | | | | | |
| OPERATING CARRIER OR OWNER if applicable | | | | | | OPERATING CARRIER OR OWNER if applicable | | | | | | | |
| ADDRESS | | | | | | ADDRESS | | | | | | | |
| | | | | STATE | | ZIP CODE | | | | | | | |
| | | | | | | | | | | | | | |
| INSURANCE CARRIER | | | | | | INSURANCE CARRIER | | | | | | | |
| YEAR | MAKE | TYPE | LICENSE PLATE # | | STATE | YEAR | MAKE | TYPE | LICENSE PLATE # | | STATE | | |
| 84 | Ford | P-up | | | | 94 | Ford | 2 dr. | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| DRIVER NAME | | | | | | DRIVER NAME | | | | | | | |
| ADDRESS | | | | | | ADDRESS | | | | | | | |
| CITY | | | | STATE | | ZIP CODE | | CITY | | | | STATE | |
| | | | | | | | | | | | | | |
| DRIVER'S LICENSE # | | | | STATE | | DRIVER'S LICENSE # | | | | STATE | | | |
| | | | | | | | | | | | | | |
| ABSTRACT | | | | | | | | | | | | | |
| SEE ATTACHED | | | | | | | | | | | | | |
| RESULTS | | | | | | | | | | | | | |
| The passenger in vehicle #1 was injured. The driver of vehicle #2 was injured. The passenger in vehicle #2 was killed. | | | | | | | | | | | | | |
| PROBABLE CAUSE | | | | | | | | | | | | | |
| Driver inattention | | | | | | | | | | | | | |
| NARRATIVE | | | | | | | | | | | | | |
| Vehicle #1 was making a left turn from Route [] onto Route []. Vehicle #2 was travelling North on Route [] and skidded into the right rear of vehicle #1. Vehicle 1 rotated clockwise and struck stop sign. | | | | | | | | | | | | | |
| PAGE of | | SP 711 No. | | REPORT SUBMITTED BY | | | | DATE | | RECEIVED BY | | | |
| | | | | ergeant | | | | | | | | | |

contact damage to the front bumper and grill area. The grill and front bumper was crushed inward 7", inducing damage to the hood and both front fenders.

Drivers: The driver of vehicle #1 was a white male with a valid operator's license. The driver has one conviction of reckless driving by speed, 1 conviction of speeding and 1 conviction of failure to stop and yield.

The driver of vehicle #2 was a white female with a valid operator's license. The driver has 1 conviction of fail to obey highway sign.

Drivers' Driving
Abstract:

See Attached.

ACCIDENT DESCRIPTION

Vehicle 1 was making a left turn from southbound into eastbound. Vehicle #2 was travelling northbound on. Vehicle #2 skidded and struck the right rear of vehicle #1 knocking vehicle #1 into stop sign and concrete island located in the center of. The right front tire of vehicle #2 skidded a distance of 65'5" prior to impact with vehicle 1. The left front tire of vehicle #2 skidded 25'4" prior to impact. At the point of impact, the right rear tire of vehicle #1 was 2'7" onto. The right front tire of vehicle 2 was 5'10" onto and left front tire was 1'0" onto at the point of impact.

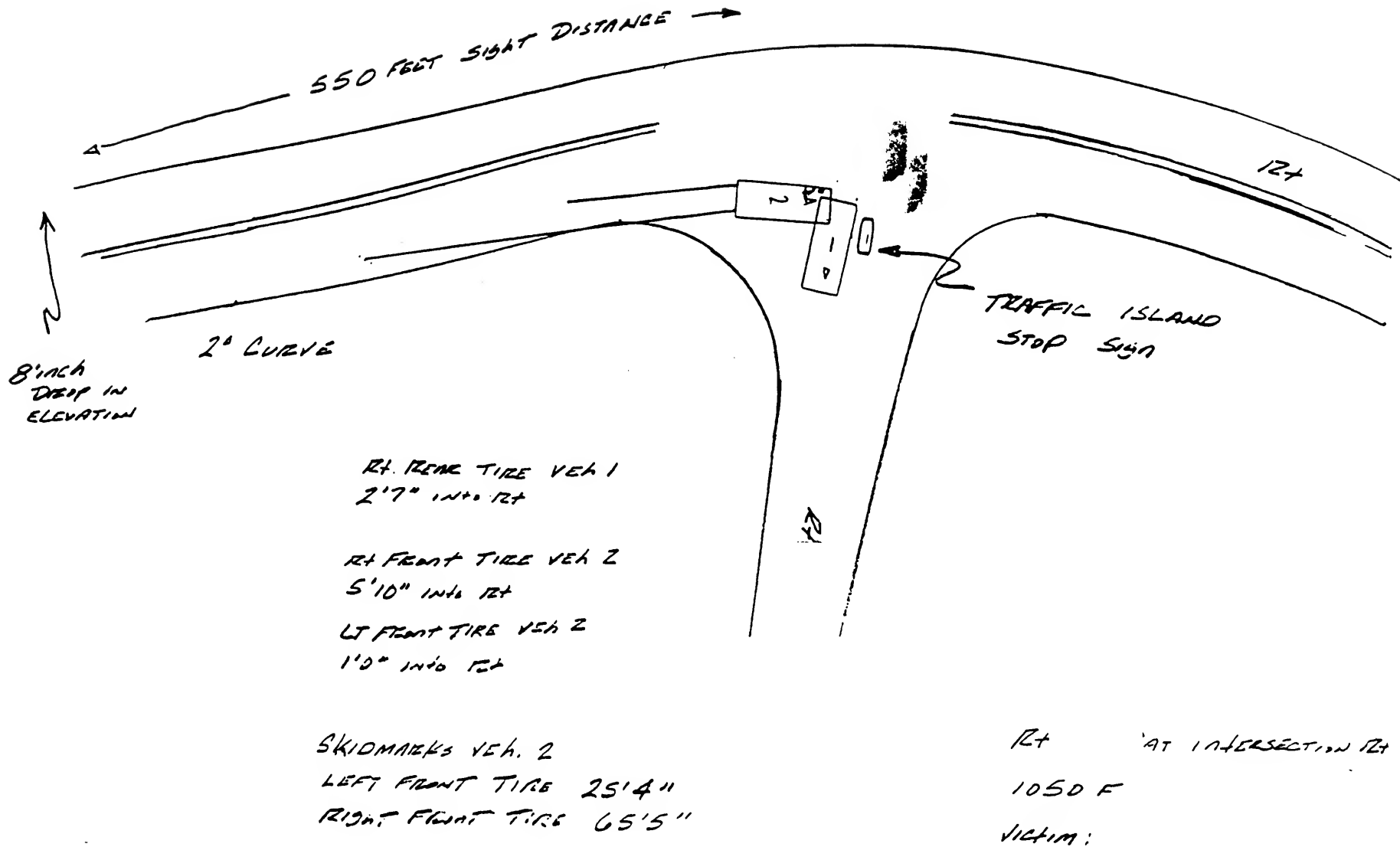
The road alignment is curve level. The curve is a 2 degree curve. There is a 8 inch drop in elevation from the outside to the inside of the curve. There is a sight distance of 550 feet approaching the accident scene in the direction vehicle #2 was traveling. A vehicle travelling at the posted speed limit of 40 mph would travel the 550 feet to the accident scene in 8.52 seconds. A vehicle travelling 60 mph would travel the same distance in 6.25 seconds.

Skidmarks at the scene would indicate that the driver of vehicle #2 steered the vehicle toward the right shoulder, thus striking vehicle 1 after it had cleared the intersection. Had vehicle #2 skidded out of control the dynamism of the curve and the slope of the curve would have caused the vehicle to go left away from vehicle #1.

FACTORS AND CONCLUSIONS

1. Deceased was not wearing a seat belt
2. The driver of vehicle 2 had ample sight distance to avoid accident
3. Driver #2 inattention
4. It appeared from evidence at the scene that driver #2 steered to the right which caused the vehicle to skid in the direction of vehicle 1.

2



CASE VEHICLE REPAIR ESTIMATE

BEST AVAILABLE

REPAIR ESTIMATE

CRASH BOOK USED

☐ MOTORS☐ OTHER

INSURANCE CLAIMS SERVICE

Page 1 of 2

| | | | | | |
|-----------------------|------------------|---------------------|--|----------------|--|
| OWNER | | HOME # | | WORK # (N/A) | |
| INSURED: <i>Jane</i> | | APPRAISER FOR | | ADJUST. PHONE: | |
| DATE OF LOSS | | DATE ASSIGNED | | DATE INSPECTED | |
| CLAIM # | | POLIC | | OUR FILE # | |
| YEAR | MAKE <i>Ford</i> | MODEL <i>Aspire</i> | BODY STYLE - OTHER I.D. <i>2dr. HB</i> | | |
| MILEAGE <i>11,033</i> | VIN # | | | | |

"THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE KIND AND QUALITY IN TERMS OF FIT, QUALITY AND PERFORMANCE TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING."

R-REPAIR
N-REPLACE A/MARKET () LKQ () PERSON

| DESCRIPTION OF REPAIRS AND REPLACEMENTS | PAINT HRS. | LABOR HRS. | PARTS | SUBLET |
|---|------------|------------|--------|--------|
| N Front Bumper Cover | 2.0 | 2.0 | 334 18 | |
| N Front Bumper Cover valance panel | | - | 258 33 | |
| N Front Bumper left absorber | | - | 54 32 | |
| N Front Bumper right absorber | | - | 54 32 | |
| N Front Bumper impact bar | | - | 252 00 | |
| N Front Bumper right mtg. brkt. | | - | 32 23 | |
| N Mile Panel | .5 | .3 | 165 33 | |
| N Mile Panel emblem | | - | 17 12 | |
| N Right head lamp Assy. | | .5 | 169 98 | |
| N Mile Panel weldg. | | - | 53 50 | |
| N Right park lamp Assy. | | - | 41 92 | |
| N Left head lamp mtg. panel | | .5 | 38 53 | |
| R Left head lamp | | .4 | - | |
| N Hood Panel | 2.0 | 1.0 | 207 45 | |
| N Hood Panel left hinge | | .3 | 19 28 | |
| N Hood Panel right hinge | | .3 | 19 28 | |
| N Hood Panel latch | | .3 | 29 37 | |
| N Radiator support | | 5.0 | 123 57 | |
| N Radiator | | - | 321 17 | |

BEST AVAILABLE

Page 2 of 2

REPAIRABLE ☐ TOTAL LOSS ☐ BORDERLINE T/L ☒

TOTAL LOSS SUMMARY -

Inspection Date

| | | | |
|--------------------------|----------------|------------------------|-----------|
| Owner | Insured | JAL | |
| Appraised For | CL/PL # | | |
| Lic. Plate | VIN | | |
| YEAR | MAKE | BODY STYLE | MODEL |
| | Ford | Probe | Ltd. F.B. |
| Vehicle's Location | MILEAGE | COLOR | |
| | 11,033 | Green | |
| Owner Permission to Move | Yes | No | |
| Yes | | No | |
| Daily Storage | *70.00 per day | Storage Accruing since | |
| Towing Charges | *65.00 | | |

VEHICLE DESCRIPTION

| | | | | | | | | | | | | | | | |
|----------------|------|----------------|-------------|-------|--------|-----|---------|---------|--------------|-------|--------|--------------|-----------|----|----|
| Body Style: | 4 DR | Lift/Hatchback | Convertible | Wagon | Pickup | Van | Utility | Special | Transmission | AT | S6 | S5 | S4 | S3 | |
| Engine Detail: | Size | 2.0 | Cylinders: | 3 | 4 | 5 | 6 | 8 | 12 | Turbo | Diesel | Supercharged | Optional: | OD | 4W |

| | | | | | | | |
|------------------|-----|----------|----------|------------|-----------|----------|-----------|
| Other Equipment: | 4x4 | King Cab | Crew Cab | Fleet Side | Step Side | Long Box | Short Box |
|------------------|-----|----------|----------|------------|-----------|----------|-----------|

| | | | |
|----------------------------|----------------------------|-------------------------------|------------------------------|
| POWER OPTIONS | DECOR/CONVENIENCE | OTHER OPTIONS | SALVAGE INFO |
| PS <u>Power Steering</u> | AC <u>Air Conditioning</u> | WG Woodgrain | IMPACT AREAS |
| PB <u>Power Brakes</u> | RD <u>Rear Defogger</u> | BN Body Side Molding | please circle & indicate: |
| PW <u>Power Windows</u> | TW <u>Tilt Wheel</u> | BS Bucket Seats | 1 For Primary Impact Areas |
| PL <u>Power Locks</u> | CC <u>Cruise Control</u> | IW Intermittent Wipers | 2 For Secondary Impact Areas |
| SP <u>Power Drive Seat</u> | CS <u>Cloth Seats</u> | PA Power Antenna | |
| PC <u>Power Pass Seat</u> | LS <u>Leather Seats</u> | AG Driver's Air Bag | |
| RADIO | DB 4 Whl Disc Brakes | TRUCKS/VANS/UTVS/OTHER | |
| AM AM | TL Telescopic Wheel | SB Step Bumper | |
| FM FM | AL Auto Load Level | SW Sliding Rear Window | |
| ST Stereo | 3S 3rd Seat (Wagons only) | XT Auxiliary Fuel Tank | |
| CA Cassette | BP 8 Passenger | 2T Two Tone Paint | |
| SE Seek/Scan | DA Dual Air Conditioning | MP Metallic Paint | |
| BT Eight Track | ROOF OPTIONS | TG Tinted Glass | |
| CB CB Radio | VR Vinyl Roof | DT Deep Tinted Glass | |
| EQ Equalizer | RF Cabriolet Roof | CT Soft Top | |
| WHEEL OPTIONS | ES Electric Steel | HT Hard Top | |
| AW Aluminum | EG Electric Glass | MOTORCYCLES | |
| AY Alloy | MS Manual Steel | HE Headers | |
| LC Locking Wire | MG Manual Glass | FF Full Faring | |
| SA Spoked Aluminum | FR Flip Roof | PF Plexi Faring | |
| SY Styled Steel | TT T-Tops | CU Custom Seat | |
| WW Wire | GT Glass T-Tops | MB Saddle Bags | |
| WC Wire Covers | RR Roof Rack | TV Travel Trunk | |
| | | GE Engine Guard | |
| | | RS Back Rest | |
| | | EQ Equalizer | |

| | | | | | | |
|------------|-----------------|-----------------|-----------------|-----------------|--------------------|---|
| Tire Depth | RR <u>8</u> /32 | RF <u>8</u> /32 | LR <u>8</u> /32 | LF <u>8</u> /32 | Spare <u>X</u> /32 | Current Inspection Stickers <u>YES</u> NO |
|------------|-----------------|-----------------|-----------------|-----------------|--------------------|---|

| | | | |
|--------------------|---------------|----------|-----------------|
| Vehicle Condition: | 1 = Very Good | 3 = Fair | 5 = Very Poor |
| Paint | 2 = Good | 4 = Poor | Gen. Appearance |
| Interior | | Tires | |

| | | | | |
|----------------------|--------------------|---------------------|---------------|--------------------|
| SALVAGE EVALUATION % | 1 - Non-Repairable | 2 - Salvage-Rebuild | 3 - Rebuilder | 4 - Not Applicable |
|----------------------|--------------------|---------------------|---------------|--------------------|

DEALERS QUOTES

| Dealers | Person & Phone Number | Value |
|---------|-----------------------|-----------|
| | | *9,200.00 |
| | | *9,000.00 |
| | | *9,000.00 |

SALVAGE BIDS

| Company | Person & Phone Number | Bid |
|---------|-----------------------|---------|
| | | *509.00 |
| | | *650.00 |
| | | *450.00 |

| Wholesale | Retail | Carrier Use Only |
|--------------------------|------------|---------------------------|
| \$1,925.00 | \$2,475.00 | ACV Range _____ to _____ |
| Tape deck audit - 100.00 | \$-100.00 | Average ACV _____ |
| N/A A/C | \$-550.00 | Tax _____ |
| | | Title _____ |
| | | Misc. _____ |
| | | Less Salvage _____ |
| | | Other Subtractions _____ |
| | | TOTAL _____ |
| Mileage +/- | | Authorization by x: _____ |
| Other +/- | | |
| TOTAL | \$2,825.00 | |

NASS CDS ACCIDENT FORM



ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9610

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

02

4. Date of Accident
(Month, Day, Year)

4
8 8

5. Time of Accident

1255

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use

7. 0 SS16 Pedestrian Crash Data Study
(Data for this special study available
in a separate file.)

8. 0 SS17 Impact Fires

9. 0 SS18 Unsafe Driver Actions

10. 0 SS19 Run Off Road

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

02

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event
Sequence
Number

Vehicle
Number

Class Of
Vehicle

General
Area of
Damage

Vehicle Number
or
Object Contacted

Class Of
Vehicle

General
Area of
Damage

12. 0 1

13. 01

14. 01

15. F

16. 02

17. 30

18. R

19. 0 2

20. 02

21. 30

22. L

23. 53

24. 00

25. 0

26. 0 3

27.

28.

29.

30.

31.

32.

33. 0 4

34.

35.

36.

37.

38.

39.

40. 0 5

41.

42.

43.

44.

45.

46.

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- CV: 90.7" ⇒ 230.4*
- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (14) Compact utility vehicle
- (15) Large utility vehicle (≤ 4,536 kgs GVWR)
- (16) Utility station wagon (≤ 4,536 kgs GVWR)
- (19) Unknown utility type
- (20) Minivan (≤ 4,536 kgs GVWR)
- (21) Large van (≤ 4,536 kgs GVWR)
- (24) Van Based school bus (≤ 4,536 kgs GVWR)
- (28) Other van type (≤ 4,536 kgs GVWR)
- (29) Unknown van type (≤ 4,536 kgs GVWR)
- (30) Compact pickup truck (≤ 4,536 kgs GVWR)
- V2: 107.9" ⇒ 274.1*
- (31) Large pickup truck (≤ 4,536 kgs GVWR)
- (38) Other pickup truck (≤ 4,536 kgs GVWR)
- (39) Unknown pickup truck type (≤ 4,536 kgs GVWR)
- (45) Other light truck (≤ 4,536 kgs GVWR)
- (48) Unknown light truck type (≤ 4,536 kgs GVWR)
- (49) Unknown light vehicle type
- (50) School bus (excludes van based) (> 4,536 kgs GVWR)
- (58) Other bus (> 4,536 kgs GVWR)
- (59) Unknown bus type
- (60) Truck (> 4,536 kgs GVWR)
- (67) Tractor without trailer
- (68) Tractor-trailer(s)
- (78) Unknown medium/heavy truck type
- (79) Unknown light/medium/heavy truck type
- (80) Motored cycle
- (90) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|-------------------------|----------------|-------------------|
| CDS APPLICABLE AND OTHER VEHICLES | (O) Not a motor vehicle | (R) Right side | (T) Top |
| | (N) Noncollision | (L) Left side | (U) Undercarriage |
| | (F) Front | (B) Back | (9) Unknown |
-
- | | | | |
|-------------------------------|-------------------------|---|-------------------------|
| TDC APPLICABLE VEHICLES | (O) Not a motor vehicle | (L) Left side | (C) Rear of cab |
| | (N) Noncollision | (B) Back of unit with cargo area (rear of trailer or straight truck) | (V) Front of cargo area |
| | (F) Front | (D) Back (rear of tractor) | (T) Top |
| | (R) Right side | | (U) Undercarriage |
| | | | (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover (excludes end-over-end)
- (32) Rollover — end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____

(36) Noncollision injury

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport

(71) Medium/heavy truck or bus not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

NASS CDS GENERAL VEHICLE FORM: CASE VEHICLE



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
- (1) Taxi
- (2) Vehicle used as school bus
- (3) Vehicle used as other bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) Fire truck or car
- (8) Other (specify):
- (9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
- (1) Towed due to vehicle damage
- (9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

mph X 1.6093 = kmph

12. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

mph X 1.6093 = kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
- (1) Yes alcohol present
- (7) Not reported
- (8) No driver present
- (9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source:

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
- (1) Yes other drug(s) present
- (7) Not reported
- (8) No driver present
- (9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
- (1) Drug(s) not found in specimen
- (2) Drug(s) found in specimen, (specify):
- (3) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
- (2) Black (non-Hispanic)
- (3) White (Hispanic)
- (4) Black (Hispanic)
- (5) American Indian, Eskimo or Aleut
- (6) Asian or Pacific Islander
- (7) Other (specify):
- (8) No driver present
- (9) Unknown

CODES FOR BODY TYPE

BEST AVAILABLE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samuraj, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
(0) Non-interchange area and non-junction
(1) Interchange area related

Non-Interchange junctions
(2) Intersection related
(3) Driveway, alley access related
(4) Other junction (specify) _____
(5) Unknown type of junction
(9) Unknown
20. Trafficway Flow 0
(0) Not physically divided (two way traffic)
(1) Divided trafficway-median strip without positive barrier
(2) Divided trafficway-median strip with positive barrier
(3) One way traffic
(9) Unknown
21. Number Of Travel Lanes 2
(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown
22. Roadway Alignment 2
(1) Straight
(2) Curve right
(3) Curve left
(9) Unknown
23. Roadway Profile 1
(1) Level
(2) Uphill grade (> 2%)
(3) Hill crest
(4) Downhill grade (> 2%)
(5) Sag
(9) Unknown
24. Roadway Surface Type 2
(1) Concrete
(2) Bituminous (asphalt)
(3) Brick or block
(4) Slag, gravel, or stone
(5) Dirt
(8) Other (specify): _____
(9) Unknown
25. Roadway Surface Condition 1
(1) Dry
(2) Wet
(3) Snow or slush
(4) Ice
(5) Sand, dirt, or oil
(8) Other (specify): _____
(9) Unknown
26. Light Conditions 1
(1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown
27. Atmospheric Conditions 0
(0) No adverse atmospheric-related driving conditions
(1) Rain
(2) Sleet/hail
(3) Snow
(4) Fog
(5) Rain and fog
(6) Sleet and fog
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown
28. Traffic Control Device 5
(0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

Regulatory
(2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other regulatory sign (specify): NO PASSING ZONE
(6) Warning sign (not RR crossing)
(7) Unknown sign
(8) Miscellaneous/other controls including RR controls (specify): _____
(9) Unknown
29. Traffic Control Device Functioning 2
(0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 14
- (00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown

32. Critical Precrash Event 62

THIS VEHICLE LOSS OF CONTROL DUE TO:

- (01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver 09

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right *with lockup*
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Pre-crash stability unknown

35. Pre-Impact Location 4

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

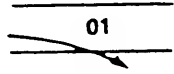
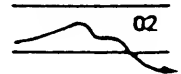
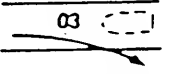
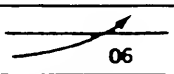
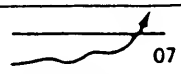

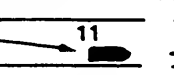
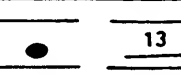
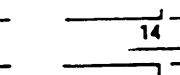

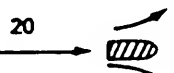
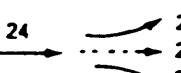
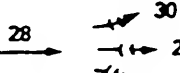
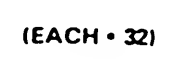
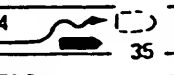
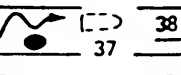
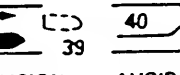
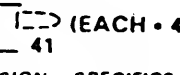
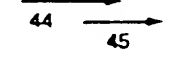


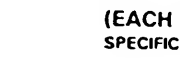

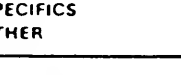
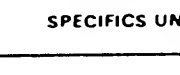

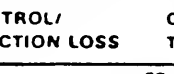
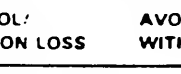
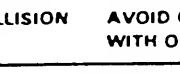

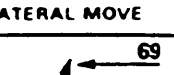
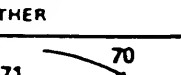
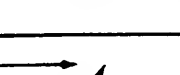

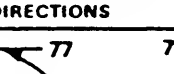
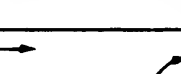
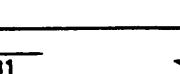

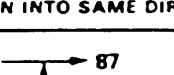
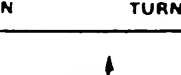

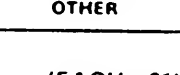
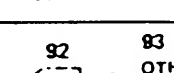
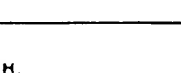
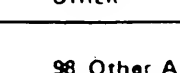
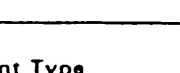
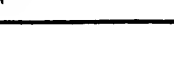
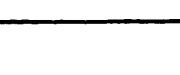
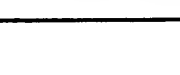

36. Accident Type 69

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | |
|--|----------------------------|--|---|--|--|--|
| I Single Driver | A Right Roadside Departure |  01 DRIVE OFF ROAD |  02 CONTROL/ TRACTION LOSS |  03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN |
| | B Left Roadside Departure |  06 DRIVE OFF ROAD |  07 CONTROL/ TRACTION LOSS |  08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN |
| | C Forward Impact |  11 PARKED VEH. |  12 STA. OBJECT |  13 PEDESTRIAN/ ANIMAL |  14 END DEPARTURE | 15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN |
| II Same Trafficway Same Direction | D Rear-End |  20 STOPPED 21, 22, 23 |  22 SLOWER 25, 26, 27 |  24 DECEL. 29, 30, 31 |  26 AVOID COLLISION WITH VEH. | (EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN |
| | E Forward Impact |  34 CONTROL/ TRACTION LOSS |  36 CONTROL/ TRACTION LOSS |  38 AVOID COLLISION WITH VEH. |  40 AVOID COLLISION WITH OBJECT | (EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN |
| | F Sideswipe Angle |  44 LATERAL MOVE |  46 LATERAL MOVE |  48 AVOID COLLISION WITH VEH. |  49 AVOID COLLISION WITH OBJECT | (EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN |
| III Same Trafficway Opposite Direction | G Head-On |  50 LATERAL MOVE |  51 LATERAL MOVE |  52 AVOID COLLISION WITH VEH. |  53 AVOID COLLISION WITH OBJECT | (EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN |
| | H Forward Impact |  54 CONTROL/ TRACTION LOSS |  56 CONTROL/ TRACTION LOSS |  58 AVOID COLLISION WITH VEH. |  60 AVOID COLLISION WITH OBJECT | (EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN |
| | I Sideswipe Angle |  64 LATERAL MOVE |  65 LATERAL MOVE |  66 AVOID COLLISION WITH VEH. |  67 AVOID COLLISION WITH OBJECT | (EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN |
| IV Change Trafficway Vehicle Turning | J Turn Across Path |  68 INITIAL OPPOSITE DIRECTIONS |  71 INITIAL SAME DIRECTIONS |  73 INITIAL SAME DIRECTIONS |  74 INITIAL SAME DIRECTIONS | (EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN |
| | K Turn Into Path |  77 TURN INTO SAME DIRECTION |  79 TURN INTO SAME DIRECTION |  81 TURN INTO OPPOSITE DIRECTIONS |  83 TURN INTO OPPOSITE DIRECTIONS | (EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN |
| V Intersecting Paths (Vehicle Damage) | L Straight Paths |  87 STRAIGHT PATH |  89 STRAIGHT PATH |  90 AVOID COLLISION WITH VEH. |  91 AVOID COLLISION WITH OBJECT | (EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN |
| VI Miscellaneous | M Backing Etc |  92 BACKING VEH. |  93 BACKING VEH. |  98 OTHER ACCIDENT TYPE |  99 UNKNOWN ACCIDENT TYPE | 99 UNKNOWN ACCIDENT TYPE 00 NO IMPACT |

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 0.910
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
2004 lbs X .4536 = 0.909 kgs

Source: _____

44. Vehicle Cargo Weight 000
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown

_____ lbs X .4536 = _____ kgs

Source: Interviewees**ROLLOVER DATA**

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify): _____

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify): _____

- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 999
54. Heading Angle For Other Vehicle 999

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify): _____
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 00

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
- (02) Reconstruction program-damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: __000 means greater than
-0.5 kmph and less than +0.5 kmph)
(±160) ±159.5 kmph and above
(__999) Unknown

61. Lateral Component of Delta V

Highest

+ 999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and
less than +0.5 kmph)
(±160) ±159.5 kmph and above
(__999) Unknown

62. Energy Absorption

Highest

999.900 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

63. Impact Speed

Highest

998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(998) Trajectory algorithm not run
(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)0

- (0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

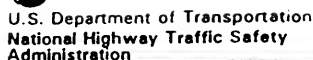
| ESTIMATED DELTA V | INSPECTION TYPE |
|--|---|
| <p>66. Estimated Highest Delta V (Researcher Determined) 2</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p> | <p>67. Type of Vehicle Inspection 0</p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p> |
| | DELTA V EVENT NUMBER |
| | <p>68. Delta V Event Number 1</p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p> |

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| | | | |
|---------------------------------|-------------|-------------------|-----------|
| 1. Primary Sampling Unit Number | <u>10</u> | 3. Vehicle Number | <u>21</u> |
| 2. Case Number - Stratum | <u>9610</u> | | |

VIN KNJLT05H7R6 Model Year 97
Vehicle Make (specify): Ford Vehicle Model (specify): Aspire 2.2 Hatchback

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage | Location of Field L | Location of Max Crush |
|---------------------|---------------------------|---------------------|-----------------------|
| 1 | Front | No Inspection | |
| | | | |
| | | | |

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 90.7 inches x 2.54 = 230.4 cm
 Overall Length 152.8 inches x 2.54 = 388.1 cm
 Maximum Width 65.7 inches x 2.54 = 166.9 cm
 Curb Weight 2,004 pounds x 0.4536 = 909.0 kg
 Average Track ^{55.9}_{55.1} 55.5 inches x 2.54 = 141.0 cm
 Front Overhang inches x 2.54 = cm
 Rear Overhang inches x 2.54 = cm
 Undeformed End Width inches x 2.54 = cm
 Engine Size: cyl/displ. cc x 0.001 = 1.3 L
 2-door, 4-passenger 80.7 CID x 0.0164 = L
 4-cylinder 1.3 L

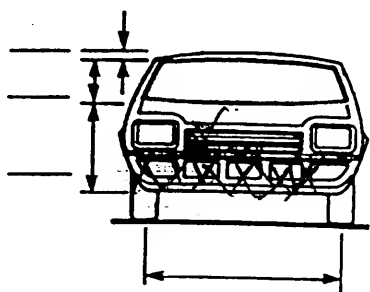
Branhams Shipping Weight 1938
100
2038
 1995 Aspire Curb
 Weight 2004

SPECIAL CRASH INVESTIGATION ADDENDUM

| | | | |
|--|--|---|-----------------|
| Submodel Designation: {specify} | | Color: {specify} | Repair Cost: \$ |
| Transmission: {circle} Automatic <u>Manual</u> | | Speed: 3-speed 4-speed <u>5-speed</u> Other: | |
| Steering: {circle} Power-assisted Manual | | Type: rack-and-pinion worm-and-gear Other | |
| {please describe}: | | | |
| Brakes: {circle} Power-assisted Manual | | Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic front disc, rear drum Other: | |
| Observed Defects: {specify} | | | |
| Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other | | | |
| {please describe}: | | | |

VEHICLE DAMAGE SKETCH

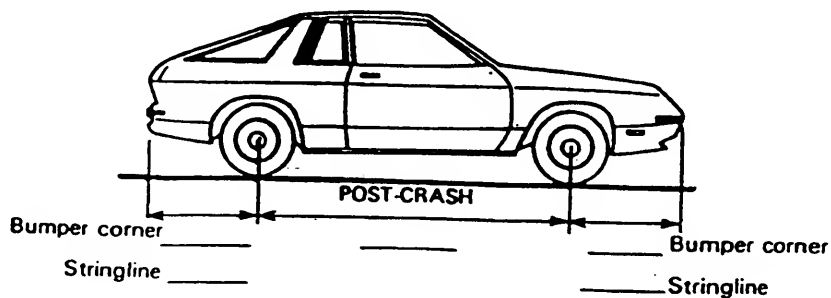
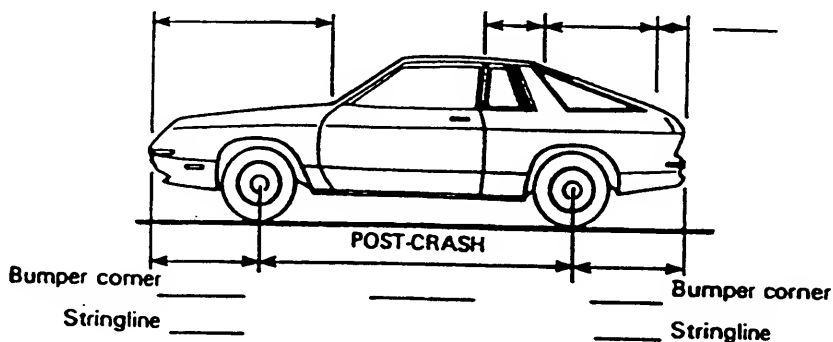
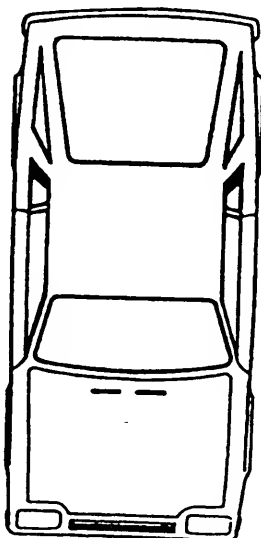
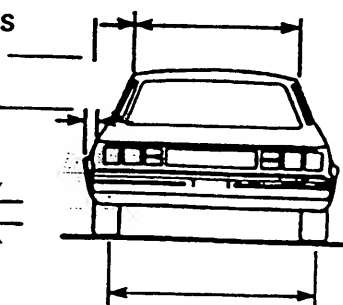
| | | | | |
|---|--|---|--|---|
| TIRE—WHEEL DAMAGE a. Rotation physically restricted RF _____ LF _____ RR _____ LR _____ b. Tire deflated RF _____ LF _____ RR _____ LR _____ (1) Yes (2) No (8) NA (9) Unk. | | ORIGINAL SPECIFICATIONS Wheelbase <u>230</u> cm Overall Length <u>388</u> cm Maximum Width <u>167</u> cm Curb Weight <u>909</u> kg Average Track <u>141</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>14</u> <u>1.3</u> L | | WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees |
| TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No | | DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg | | |



MEASUREMENTS IN CENTIMETERS

*No Inspection,
Photographs
Only*

Original
Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

BRANHAM AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

FORD Motor Co.,

| Type of Body | Model | Wheel Base | Dimensions Inches Lt. x Wt. x Ht. | Ship. Wt. | Tax H.P. | Factory List Price | Factory Del'd Price |
|--|-------|------------|---|--------------|-------------|--------------------------|---------------------------|
| Pass. Cap. | | | | | | | |
| Police Interceptor, Series P71, Vinyl Split Bench Seats, Includes Preferred Equipment Package in Price | | | | | | | |
| 6-PS 4-door Sedan P71 | FCAB | 114.4" | 212.4" x 77.8" x 56.8" | 3638 | 41.47 | 20,060 | 20,635 |
| Options Crown Victoria: Calif Emissions System-\$100; Tires P215/70R15 WSW-\$82; Leather Seating Surfaces Split Bench with 21J Power Passenger Seat-\$555; Anti-lock Braking System/Electronic-\$695; Cellular Telephone-\$779; Dual Air Bag Safety Option-\$488; Keyless Entry Remote(LX only)-\$196; Seat Driver 6-way Power-\$504; Steering Wheel Leather-Wrapped(LX only)-\$96; Trailer Towing Package Heavy Duty-\$463; Radio Electronic AM/FM Stereo Cassette-\$171; Audio Group (LX only)-\$256 | | | | | | | |

1993 ESCORT SERIES FWD 4 cyl 1.9 liter, SEPFI Gas Engine(99J)

| | | | | | | | |
|--|----------|------------------------|------------------------|------|-------|--------|--|
| Bore & Stroke 3.23"x3.46"; Tax H.P. 16.7; P.D. 114cu.in., 5-spd Man. Trans. | | | | | | | |
| 5-PS 3-door H.B. Standard P1061(DA)BM | 98.4" | 170.0" x 66.7" x 52.5" | 2198 | 16.7 | 8,355 | 8,730 | |
| 5-PS 3-door H.B. LX P11 | 61(DA)AL | 98.4" | 170.0" x 66.7" x 52.5" | 2219 | 16.7 | 9,364 | |
| 5-PS 3-door H.B. GT P12 | 61(DA)AX | 98.4" | 170.0" x 66.7" x 52.5" | 2345 | 16.7 | 11,871 | |
| 5-PS 4-door H.B. LX P13 | 58(HC)AL | 98.4" | 170.0" x 66.7" x 52.5" | 2267 | 16.7 | 10,041 | |
| 6-PS 4-door Wagon LX P15 | 74(FF)AL | 98.4" | 171.3" x 66.7" x 53.6" | 2316 | 16.7 | 10,367 | |
| 6-PS 4-door Sedan LX-E P16 | 54(FA)AX | 98.4" | 170.9" x 66.7" x 52.7" | 2345 | 16.7 | 11,933 | |
| 6-PS 5-door Sedan LX P14 | 54(FA)AL | 98.4" | 170.9" x 66.7" x 52.7" | 2272 | 16.7 | 9,797 | |
| Options Escort: 4-spd Overdrive Auto. Trans. -\$732; Calif Emissions System-\$72; Air Conditioning(LX, LX-E, GT)-\$759; Defroster Rear Window-\$170; Moonroof Power-\$549; Power Steering(LX)-\$261; Wagon Group-\$250; Radio AM/FM Stereo-\$312; Wheel 15" Aluminum-\$450 | | | | | | | |

1993 THUNDERBIRD SERIES RWD V6 cyl 3.8 liter SEFI Gas Engine(99R)

Bore & Stroke 3.8"x3.4"; Tax H.P. 34.7; P.D. 232 cu.in., 3.8 liter, (994)(99R) w/Auto. Overdrive Trans.

| | | | | | | | |
|--------------------------|--------|--------|------------------------|------|------|--------|--------|
| 5-PS 2-door LX Sedan P62 | BAVSAI | 113.0" | 198.7" x 72.7" x 52.5" | 3394 | 34.7 | 15,797 | 16,292 |
|--------------------------|--------|--------|------------------------|------|------|--------|--------|

1993 THUNDERBIRD SERIES RWD V8 5.0 liter, EFI Gas Engine(99T)

Bore & Stroke 4"x3"; Tax H.P. 51.2; P.D. 302 cu.in., 5.0 liter, 4-spd Auto. Overdrive Trans.

| | | | | | | | |
|-----------------------------|--------|--------|------------------------|------|------|--------|--------|
| 5-PS 2-door Super Coupe P64 | BAVSBB | 113.0" | 198.7" x 72.7" x 53.0" | 3645 | 51.2 | 22,030 | 22,525 |
|-----------------------------|--------|--------|------------------------|------|------|--------|--------|

Options Thunderbird: 5.0 liter HO Gas Engine(LX only)-\$1086; 4-spd Auto. Overdrive Trans(Std on LX)-\$595; Calif. Emissions System-\$100; Tire Super Coup P225/60ZR 16 97V BSW All-Season Performance-\$73; Leather Seating Surfaces Bucket Seats(LX Models)-\$515; Super Coup-\$648; Anti-lock Brake System(LX only)-\$695; Anti-Theft System-\$245; Defroster Rear Window-\$170; Power Lock Group(SC only)-\$311; Moonroof Power: LX-\$776; Super Coupe-\$876; Seat 6-way Power Drivers-\$305; Speed Control & Tilt Steering Wheel-\$369; Electronic AM/FM Cassette Radio w/Premium Sound-\$305; Keyless Entry Remote(LX)-\$196; Super Coupe-\$278

FORD Motor Co.,

1994 Aspire FWD 4 cyl 1.3 liter EPFI SOHC Gas Engine(99H)(8 valve)

Bore & Stroke 2.79"x3.29; Tax H.P. 12.46; SAE H.P. 63@5000; Torque 74@3000(80.7 cu.in., 1.3 liter)

Man. Trans. 5-speed; EPA Mileage Estimate 36/43

| | | | | | | | |
|-------------------------|-----|------|------------------------|------|-------|-------|-------|
| 4-PS 2-dr H.B. Coupe | T05 | 90.7 | 152.8" x 65.7" x 55.6" | 1938 | 12.46 | 8,240 | 8,535 |
| 4-PS 2-dr H.B. Coupe SE | T07 | 90.7 | 152.8" x 65.7" x 55.6" | 1938 | 12.46 | 8,895 | 9,190 |
| 4-PS 4-dr H.B. Sedan | T06 | 93.9 | 155.9" x 65.7" x 55.6" | 1986 | 12.46 | 8,855 | 9,150 |

Auto. Trans. 3-speed

| | | | | | | | |
|-------------------------|-----|------|------------------------|------|-------|-------|-------|
| 4-PS 2-dr H.B. Coupe | T05 | 90.7 | 152.8" x 65.7" x 55.6" | 2000 | 12.46 | 8,820 | 9,115 |
| 4-PS 2-dr H.B. Coupe SE | T07 | 90.7 | 152.8" x 65.7" x 55.6" | 2000 | 12.46 | 9,475 | 9,770 |
| 4-PS 4-dr H.B. Sedan | T06 | 93.9 | 155.9" x 65.7" x 55.6" | 2048 | 12.46 | 9,435 | 9,730 |

Options Aspire: Destination Charges-\$295; Air Conditioning(572)-\$825; Anti-Lock Braking System(552)-\$565; Convenience Group(417)-\$160; Rear Window Defroster(57Q)-\$160; Interior Decor & Convenience Group(414)-\$265; AM/FM Stereo w/Clock(587)-\$300 w/Cassette(589)-\$465 w/CD(582)-\$740; Rear Window Washer/Wiper(173)-\$130; Power Steering(52H)-\$250

1994 MUSTANG RWD 6V cyl 3.8 liter EPFI OHV Gas Engine(994)(12 valve)

Bore & Stroke 3.81"x3.4"; Tax H.P. 38.4; SAE H.P. 145@4000; Torque 215@2500; 232 cu.in., 3.8 liter

Man. Trans. 5-speed; EPA Mileage Estimate 20/30

| | | | | | | | |
|-----------------------|------|--------|------------------------|------|------|--------|--------|
| 4-PS 2-dr Coupe | 63BJ | 101.3" | 181.5" x 71.8" x 52.9" | 2940 | 38.4 | 13,365 | 13,840 |
| 4-PS 2-dr Convertible | 76BH | 101.3" | 181.5" x 71.8" x 53.0" | 3120 | 38.4 | 20,160 | 20,635 |

Auto. Trans. 4-speed

| | | | | | | | |
|-----------------------|------|--------|------------------------|------|------|--------|--------|
| 4-PS 2-dr Coupe | 63BJ | 101.3" | 181.5" x 71.8" x 52.9" | 2999 | 38.4 | 14,155 | 14,630 |
| 4-PS 2-dr Convertible | 76BH | 101.3" | 181.5" x 71.8" x 53.0" | 3177 | 38.4 | 20,950 | 21,425 |

1994 MUSTANG RWD 8 cyl 5.0 liter EPFI OHV Gas Engine(99T)(16 valve)

Bore & Stroke 4.0"x3.0; Tax H.P. 51.2; SAE H.P. 215@4200; Torque 285@3400; 302 cu.in., 5.0 liter

Man. Trans. 5-speed; EPA Mileage Estimate 17/25

| | | | | | | | |
|--------------------------|------|--------|------------------------|------|------|--------|--------|
| 4-PS 2-dr Coupe GT | 63BJ | 101.3" | 181.5" x 71.8" x 53.4" | 3148 | 51.2 | 17,280 | 17,755 |
| 4-PS 2-dr GT Convertible | 76BH | 101.3" | 181.5" x 71.8" x 53.3" | 3324 | 51.2 | 21,970 | 22,445 |

Auto. Trans. 4-speed

| | | | | | | | |
|--------------------------|------|--------|------------------------|------|------|--------|--------|
| 4-PS 2-dr Coupe GT | 63BJ | 101.3" | 181.5" x 71.8" x 53.4" | 3228 | 51.2 | 18,070 | 18,545 |
| 4-PS 2-dr GT Convertible | 76BH | 101.3" | 181.5" x 71.8" x 53.3" | 3403 | 51.2 | 22,760 | 23,235 |

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 4. <u>01</u> | 5. <u>02</u> | 6. <u>12</u> | 7. <u>F</u> | 8. <u>D</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>02</u> |

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L 21. C₁ C₂ C₃ C₄ C₅ C₆ 22. ± D

+

-

Second Highest Delta "V"

23. L 24. C₁ C₂ C₃ C₄ C₅ C₆ 25. ± D

+

-

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

NASS CDS GENERAL VEHICLE FORM: VEHICLE #2



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 96 10

3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 84
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): FORD 12
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): RANGER 471
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type 30
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number 1FTCR10S1EU
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed 008
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

5 mph X 1.6093 = 8 kmph

12. Speed Limit 064
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

40 mph X 1.6093 = 064 kmph

13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code _____
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 9
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

BEST AVAILABLE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
(0) Non-interchange area and non-junction
(1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
(3) Driveway, alley access related
(4) Other junction (specify) _____

- (5) Unknown type of junction _____

- (9) Unknown

20. Trafficway Flow 0
(0) Not physically divided (two way traffic)
(1) Divided trafficway-median strip without positive barrier
(2) Divided trafficway-median strip with positive barrier
(3) One way traffic
(9) Unknown

21. Number Of Travel Lanes 2
(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment 3
(1) Straight
(2) Curve right
(3) Curve left
(9) Unknown

23. Roadway Profile 1
(1) Level
(2) Uphill grade (>2%)
(3) Hill crest
(4) Downhill grade (>2%)
(5) Sag
(9) Unknown

24. Roadway Surface Type 2
(1) Concrete
(2) Bituminous (asphalt)
(3) Brick or block
(4) Slag, gravel, or stone
(5) Dirt
(8) Other (specify): _____
(9) Unknown

PER
Photos

25. Roadway Surface Condition 1

- (1) Dry
(2) Wet
(3) Snow or slush
(4) Ice
(5) Sand, dirt, or oil
(8) Other (specify): _____
(9) Unknown

26. Light Conditions 1

- (1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown

27. Atmospheric Conditions 1

- (0) No adverse atmospheric-related driving conditions
(1) Rain
(2) Sleet/hail
(3) Snow
(4) Fog
(5) Rain and fog
(6) Sleet and fog
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown

28. Traffic Control Device 5

- (0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other regulatory sign (specify):
NO PASSING ZONE

- (6) Warning sign (not RR crossing)
(7) Unknown sign
(8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

PRECRASH DRIVER RELATED DATA**30. Driver's Distraction/Inattention To Driving**
(Prior To Recognition Of Critical Event)

- (00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see

Distractions

(03) By other occupant(s), (specify): _____

(04) By moving object in vehicle (specify): _____

(05) While talking or listening to cellular phone (specify location and type of phone): _____

(06) While dialing cellular phone (specify location and type of phone): _____

(07) While adjusting climate controls

(08) While adjusting radio, cassette, CD (specify): _____

(09) While using other device/controls integral to vehicle (specify): _____

(10) While using or reaching for device/object brought into vehicle (specify): _____

(11) Sleepy or fell asleep

(12) Distracted by outside person, object, or event (specify): _____

(13) Eating or drinking

(14) Smoking related

(97) Distracted/inattentive, details unknown

(98) Other, distraction (specify): _____

(99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event)

- (00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown

32. Critical Precrash Event**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

33. Attempted Avoidance Maneuver 01

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 68

(Note: Applicable codes on back of this page)

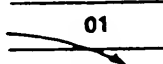
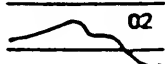
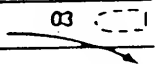
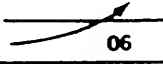
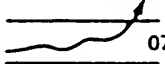
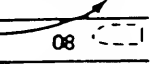
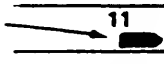
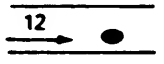
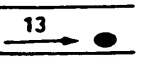
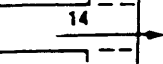

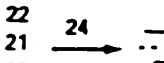
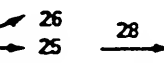
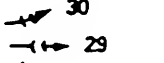
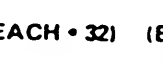
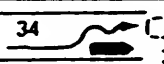


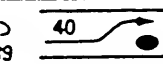
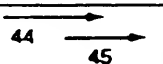
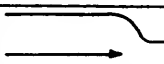
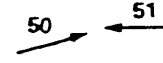



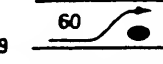


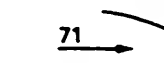
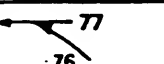
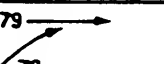
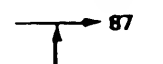

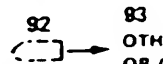
(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | |
|--|----------------------------|---|---|---|--|---|
| I Single Driver | A Right Roadside Departure |  01 DRIVE OFF ROAD |  02 CONTROL/ TRACTION LOSS |  03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN |
| | B Left Roadside Departure |  06 DRIVE OFF ROAD |  07 CONTROL/ TRACTION LOSS |  08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN |
| | C Forward Impact |  11 PARKED VEH. |  12 STA. OBJECT |  13 PEDESTRIAN/ ANIMAL |  14 END DEPARTURE | 15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN |
| II Same Trafficway Same Direction | D Rear-End |  20 STOPPED 21, 22, 23 |  22 SLOWER 24, 25, 26, 27 |  24 DECEL. 28, 29, 30, 31 |  26 SPECIFICS OTHER |  28 SPECIFICS UNKNOWN |
| | E Forward Impact |  34 CONTROL/ TRACTION LOSS |  36 CONTROL/ TRACTION LOSS |  38 AVOID COLLISION WITH VEH. |  40 AVOID COLLISION WITH OBJECT | (EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN |
| | F Sideswipe Angle |  44 LATERAL MOVE |  46 LATERAL MOVE | (EACH • 48) SPECIFICS OTHER | (EACH • 49) SPECIFICS UNKNOWN | |
| III Same Trafficway Opposite Direction | G Head-On |  50 LATERAL MOVE | (EACH • 52) SPECIFICS OTHER | (EACH • 53) SPECIFICS UNKNOWN | | |
| | H Forward Impact |  54 CONTROL/ TRACTION LOSS |  56 CONTROL/ TRACTION LOSS |  58 AVOID COLLISION WITH VEH. |  60 AVOID COLLISION WITH OBJECT | (EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN |
| | I Sideswipe Angle |  64 LATERAL MOVE | (EACH • 66) SPECIFICS OTHER | (EACH • 67) SPECIFICS UNKNOWN | | |
| IV Change Trafficway Vehicle Turning | J Turn Across Path |  68 INITIAL OPPOSITE DIRECTIONS |  70 INITIAL SAME DIRECTIONS | (EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN | | |
| | K Turn Into Path |  76 TURN INTO SAME DIRECTION |  78 TURN INTO OPPOSITE DIRECTIONS | (EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN | | |
| V Intersecting Paths (Vehicle Damage) | L Straight Paths |  86 |  88 | (EACH • 90) SPECIFICS OTHER | (EACH • 91) SPECIFICS UNKNOWN | |
| VI Miscellaneous | M Backing Etc |  92 BACKING VEH. | 93 OTHER VEH. OR OBJECT | 98 Other Accident Type 99 Unknown Accident Type 00 No Impact | | |

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
38. Number of Occupants This Vehicle 03
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
39. Number of Occupant Forms Submitted 00

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
(0) No (includes unknown)
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
(0) Not equipped or not available
(1) No air bags deployed
Single Air Bag Vehicle
(2) Driver air bag deployed
(3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
(4) Driver side only deployed
(5) Passenger side only deployed
(6) Driver and passenger side deployed
(7) Driver and passenger side unknown if deployed
(8) Air bag(s) deployed, details unknown
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
(0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown
- Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1150
Code weight to nearest 10 kilograms.
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown
2544 lbs X .4536 = 1154 kgs
Source: _____

44. Vehicle Cargo Weight 9990
Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown
_____ lbs X .4536 = _____ kgs
Source: _____

ROLLOVER DATA

45. Rollover 00
(00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
(01-16) Code the number of quarter turns
(17) Rollover, 17 or more quarter turns (specify): _____
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)
(99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
(00) No rollover
(01) Trip-over
(02) Flip-over
(03) Turn-over
(04) Climb-over
(05) Fall-over
(06) Bounce-over
(07) Collision with another vehicle
(08) Other rollover initiation type specify): _____
(98) Rollover--end-over-end
(99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(8) Rollover--end-over-end
(9) Unknown
48. Rollover Initiation Object Contacted 00
(Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): _____
(6) Non-contact rollover forces (specify): _____
(8) Rollover--end-over-end
(9) Unknown
50. Direction of Initial Roll 0
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(8) Rollover--end-over-end
(9) Unknown roll direction

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify):

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 999
54. Heading Angle For Other Vehicle 999

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify):
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 00

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
- (02) Reconstruction program-damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest
999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of Delta V Highest
+ 999
- 999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means greater than

-0.5 kmph and less than +0.5 kmph)

(+160) ± 159.5 kmph and above

(-999) Unknown

61. Lateral Component of Delta V Highest
+ 999
- 999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and less than +0.5 kmph)

(+160) ± 159.5 kmph and above

(-999) Unknown

62. Energy Absorption Highest
999.9 00

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed Highest
999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V) 0

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest
999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

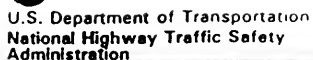
| ESTIMATED DELTA V | INSPECTION TYPE |
|--|---|
| <p>66. Estimated Highest Delta V (Researcher Determined) 7</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p> | <p>67. Type of Vehicle Inspection 0</p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p> |
| | DELTA V EVENT NUMBER |
| | <p>68. Delta V Event Number 1</p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p> |

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| | | | |
|---------------------------------|-------------------------------------|-----------------------------|-------------------|
| Administration | | CRASHWORTHINESS DATA SYSTEM | |
| 1. Primary Sampling Unit Number | <u>1</u> <u>0</u> | 3. Vehicle Number | <u>0</u> <u>2</u> |
| 2. Case Number - Stratum | <u>9</u> <u>6</u> <u>1</u> <u>0</u> | | |

VIN 1FTCR10S1EU Model Year 84

Vehicle Make (specify): Ford Vehicle Model (specify): Range 6' Bed
2-Door

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage | Location of Field L | Location of Max Crush |
|---------------------|---------------------------|---------------------|-----------------------|
| 1 | Right rear | N/A | Vehicle |
| 2 | Left rear | | Impaction |
| | | | |

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 107.9 inches x 2.54 = 274.1 cm
 Overall Length 175.6 inches x 2.54 = 446.0 cm
 Maximum Width _____ inches x 2.54 = _____ cm
 Curb Weight 2,544 pounds x 0.4536 = 1,154.0 kg
 Average Track _____ inches x 2.54 = _____ cm
 Front Overhang 28.3 inches x 2.54 = 71.9 cm
 Rear Overhang 39.4 inches x 2.54 = 100.1 cm
 Undeformed End Width _____ inches x 2.54 = _____ cm
 Engine Size: cyl/displ. _____ cc x 0.001 = 2.8 L
 2.8L V6 171 CID x 0.0164 = 2.8 L

Branham's Shipping Weight 2,451
100

2,551

Curb Weight per
Gas Truck Index

2,544

SPECIAL CRASH INVESTIGATION ADDENDUM

| | | | |
|---|--|---|-----------------|
| Submodel Designation: {specify} | | Color: {specify} | Repair Cost: \$ |
| Transmission: {circle} Automatic Manual | | Speed: 3-speed 4-speed 5-speed Other: | |
| Steering: {circle} Power-assisted Manual | | Type: rack-and-pinion worm-and-gear Other | |
| {please describe}: | | Recirculating ball gear | |
| Brakes: {circle} Power-assisted Manual | | Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic | |
| | | front disc, rear drum Other: | |
| Observed Defects: {specify} | | | |
| Fleet Type: {circle} Private vehicle Rental vehicle Leased vehicle Commercial vehicle Other | | | |
| {please describe}: | | | |

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE
 a. Rotation physically restricted b. Tire deflated

RF _____
 LF _____
 RR _____
 LR _____

RF _____
 LF _____
 RR _____
 LR _____

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION
 ? ☐ Manual ☐ Automatic

' **END SHIFT ≥ 10 CM**
☐ Yes ☐ No

ORIGINAL SPECIFICATIONS

Wheelbase 274 cm
 Overall Length 446 cm
 Maximum Width _____ cm
 Curb Weight 1154 kg
 Average Track _____ cm
 Front Overhang 72 cm
 Rear Overhang 100 cm
 Undeformed End Width _____ cm
 Engine Size: cyl./displ. V-6 2.8 L

WHEEL STEER ANGLES
 (For locked front wheels or displaced rear axles only)

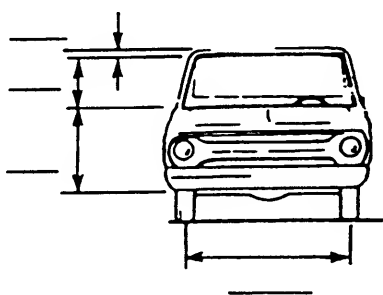
RF ± _____ °
 LF ± _____ °
 RR ± _____ °
 LR ± _____ °

Within ± 5 degrees

DRIVE WHEELS

☐ FWD ☒ RWD ☐ 4WD

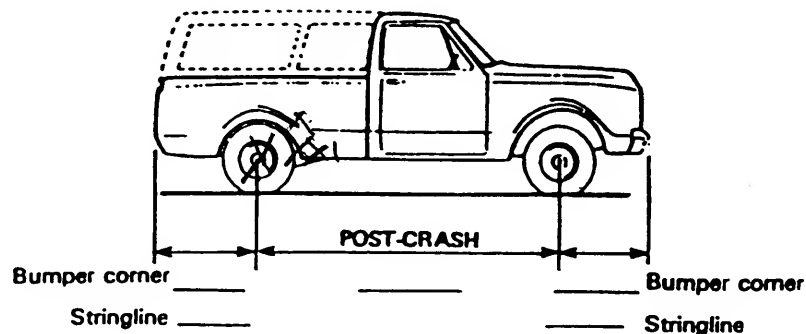
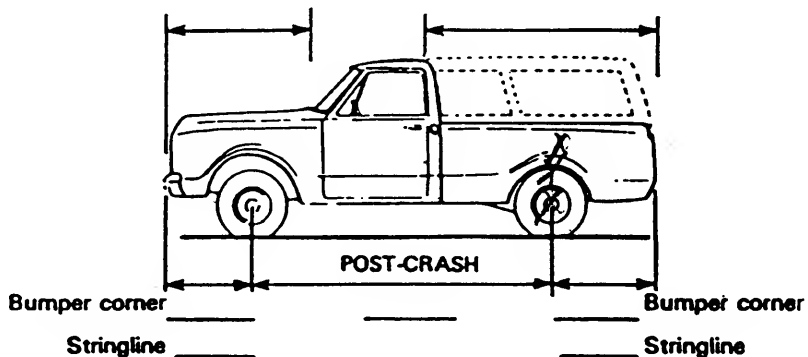
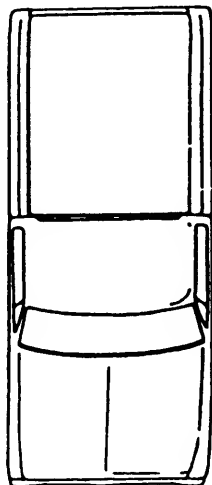
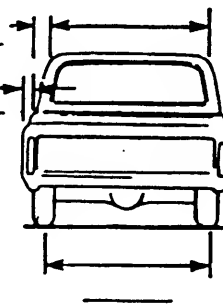
Approximate Cargo Weight _____ kg



MEASUREMENTS IN CENTIMETERS

*No Inspection,
Photographs Only*

Original
Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

BRANHAM AUTOMOBILE REFERENCE BOOK

DODGE Division, Chrysler Corp.,

| Model | No. Cyl. | Bore & Stroke | Tax. H.P. | Ton Rating | Type of Body | Shipping Weight | Max. G.V.W. | Ret. | Fact. Price |
|---|----------|---------------|-----------|------------|--------------|-----------------|-------------|------|-------------|
| 1986 | | | | | | | | | |
| B350 Wagon: V8—318 8-Cyl. 2-bbl. Gas Eng. (ELA) 3-Spd. Auto. Trans., 1-Ton Rating | | | | | | | | | |
| B3L52 | 8 | 4.00x3.58 | 51.20 | 7,500 | Wagon | 4,361 | 128" | L | \$12,650 |
| B3L53 | 8 | | 51.20 | 7,500 | Maxi-Wagon | 4,690 | 128" | L | 13,625 |
| ZWB | 8 | | | 8,510 | Wagon | NA | 128" | L | 13,385 |
| ZWB | 8 | | | 8,510 | Maxi-Wagon | NA | 128" | L | 14,024 |

DODGE Optional Equipment: Engine: 360 8-Cyl. 4-bbl. Gas (EMC), \$261.00; Air Conditioning, \$900.00; Emission Control System, B150, B250, \$235.00; Radio AM/FM Stereo (ET), \$116.00; w/Cassette (ET), \$360.00; Speed Control, \$195.00; Tilt Steering Column, \$115.00.

Prospector Package

| | I | II | III |
|-------------------|-------|--------|--------|
| B150, B250 Models | \$699 | NA | NA |
| B350 | 755 | NA | NA |
| B150, B250 | NA | \$1615 | NA |
| B350 | NA | 1671 | NA |
| B150, B250 | NA | NA | \$3258 |
| B350 | NA | NA | 3314 |

FORD Motor Co.,

| Model | No. Cyl. | Bore & Stroke | Tax. H.P. | Max. G.V.W. | Type of Body | Ship. Wgt. | W.B. | Ins. Wgt. Class | List Price |
|-------|----------|---------------|-----------|-------------|--------------|------------|------|-----------------|------------|
|-------|----------|---------------|-----------|-------------|--------------|------------|------|-----------------|------------|

1984

FORD LIGHT DUTY TRUCKS

RANGER (4x2) and (4x4) SERIES

R10 Ranger—4x2 Pickup; Eng. 2.0 L., (122) I-4 IV, Gas (99C) 19.8 Tax. H.P. (2.3 L. (140) I-4 IV Std. In Calif.).

| | | | | | | | | | |
|------|---|-----------|------|-------|-------------|-------|------|---|---------|
| 6100 | 4 | 3.52x3.13 | 19.8 | 3,780 | S.S. Pickup | 2,451 | 108" | L | \$6,453 |
| 610V | | | | 4,000 | S.S. Pickup | 2,451 | 108" | L | NA |
| 6102 | | | | 4,220 | S.S. Pickup | 2,451 | 108" | L | NA |
| 6104 | | | | 4,380 | S.S. Pickup | 2,451 | 108" | L | NA |
| 610X | | | | 4,440 | S.S. Pickup | 2,451 | 108" | L | NA |

R-10 Ranger—4x2—Pickup—Eng. 2.0 L. (122) I-4 IV, Gas. Tax. H.P. 19.8

| | | | | | | | | | |
|------|---|-----------|------|-------|-------------|-------|------|---|---------|
| 6101 | 4 | 3.52x3.13 | 19.8 | 3,800 | S.S. Pickup | 2,483 | 114" | L | \$6,612 |
| 610W | | | | 4,060 | S.S. Pickup | 2,483 | 114" | L | NA |
| 6103 | | | | 4,260 | S.S. Pickup | 2,483 | 114" | L | NA |
| 6105 | | | | 4,420 | S.S. Pickup | 2,483 | 114" | L | NA |
| 610Y | | | | 4,500 | S.S. Pickup | 2,483 | 114" | L | NA |

R12 Ranger—4x2—Chassis Cab—Eng. 2.3 L. (140) I-4 IV, Gas. (99A) Tax. H.P. 22.8

| | | | | | | | | | |
|------|---|-----------|------|-------|-------------|-------|------|---|---------|
| 6119 | 4 | 3.52x3.13 | 19.8 | 4,260 | Chassis Cab | 2,407 | 114" | L | \$6,582 |
| 611C | | | | 4,420 | Ch/Cab | 2,407 | 114" | L | NA |
| 611D | | | | 4,880 | Ch/Cab | 2,407 | 114" | L | NA |

R11 Ranger—4x4—Pickup—Eng. 2.3 L. (140) I-4 IV, Gas. (99A) Tax. H.P. 22.8

| | | | | | | | | | |
|------|---|-----------|------|-------|-------------|-------|------|---|---------|
| 612J | 4 | 3.52x3.13 | 19.8 | 4,000 | S.S. Pickup | 2,677 | 108" | L | \$8,161 |
| 612L | | | | 4,420 | S.S. Pickup | 2,677 | 108" | L | NA |
| 612K | | | | 4,040 | S.S. Pickup | 2,733 | 114" | L | 8,320 |
| 612M | | | | 4,480 | S.S. Pickup | 2,733 | 114" | L | NA |

1984 Ranger—Optional Equipment:—4 cyl. 140 CID (2.3 L.) Gas Engine Standard 4x4 or Chassis Cab Models \$111.50; 4 cyl. 2.2 L. 4 cyl. Diesel, 4x2 Pickups and 4x4 speed manual trans. or 445 5-speed manual O.D. trans. \$901.20. Air Conditioning \$733.70. Power Brakes \$92.00. Trans. 5-spd. man. O.D. \$122.00; Selectshift Auto. \$528.50. Tinted Glass \$45.00; Radio, AM/FM Stereo \$98.80; Snow Plow Pkg. \$229.30; Speed Control \$185.00; Power Steering \$255.80; Tilt Steering Wheel \$110.00; Calif. Emissions System \$99.00.

1984 BRONCO II SERIES

4-Pass. Bronco II—(4x4) 2.8 L. (171 CID) (99S) Gas Engine

| | | | | | | | | | |
|-----------------------|---|-----------|------|-------|----------------|-------|-----|---|----------|
| 2140 | 6 | 3.66x2.70 | 32.1 | 3,940 | 4-Ps. or Cargo | 3,073 | 94" | L | \$10,446 |
| 2141 | | | | 4,160 | 4-Ps. or Cargo | 3,073 | 94" | L | NA |
| 2142 | | | | 4,280 | 4-Ps. or Cargo | 3,073 | 94" | L | NA |
| 2143 | | | | 4,500 | 4-Ps. or Cargo | 3,073 | 94" | L | NA |
| Eddie Bauer Bronco II | | | | 4,500 | 4-Ps. or Cargo | 3,239 | 94" | L | 12,638 |

Optional Equipment—Bronco II—5-Speed Manual OD \$122.00; Selectshift Automatic \$528.50; Speed Control \$185.00; Tilt Steering Wheel \$110.00; Radio AM/FM Stereo \$118.80; Air Conditioning \$698.70; Snow Plow Pkg. \$229.30.

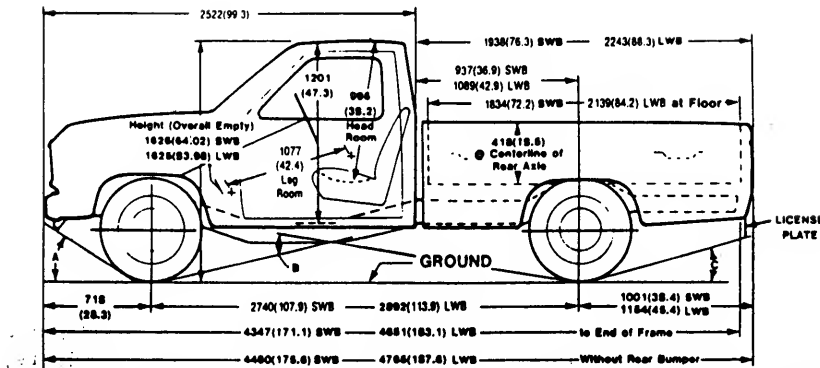
5-Pass. Bronco (4x4) (4.9 L.) (300 CID) 99Y Gas Engine

| | | | | | | | | | |
|------|---|-----------|------|-------|----------------|-------|------|---|----------|
| U150 | 6 | 4.00x3.98 | 38.4 | 5,350 | 4-Ps. or Cargo | 4,138 | 105" | L | \$11,468 |
| U151 | | | | 5,950 | 4-Ps. or Cargo | 4,138 | 105" | L | NA |
| U153 | | | | 6,050 | 4-Ps. or Cargo | 4,138 | 105" | L | NA |
| U154 | | | | 6,300 | 4-Ps. or Cargo | 4,138 | 105" | L | NA |

Optional Equipment—Bronco—5.0 L. (302 CID) 2V 8-Cyl. Gas Engine \$365.90—5.8 L. (351 CID) 2V 8-Cyl. Gas Engine \$478.50—5.8 L. (351 CID) HO 4V 8-Cyl. Gas \$563.90; Trans. 4-Spd. Man. O.D. \$78.00; Selectshift Auto. \$540.70; Air Conditioning \$733.70; Power Door Locks/Windows \$310.00; Radio AM/FM Stereo \$124.90; Speed Control \$185.00; Tilt Steering Wheel \$110.00; Calif. Emissions Systems \$235.00.

FORD RANGER 4x2 PICKUP

GVW Ratings: 3,760-4,420 Lbs.



ENGINE: Standard: Ford 2.0L (122) I-4, 73 NHP @ 4000 (N/A Calif.)
 Optional: Ford 2.3L (140) I-4, 79 NHP @ 3800 (Man. trans)
 Ford 2.3L (140) I-4, 82 NHP @ 4200 (Auto trans)
 Ford 2.8L (171) V-6, 115 NHP @ 4600 RPM.

MODELS AVAILABLE: 108" wb. 6' box or 114" wb. 7' box 2-Passenger
 Standard, XL, XLT, or XLS Styleside Pickups.

| GVW RATING | MINIMUM EQUIPMENT REQUIRED FOR GVW RATING |
|------------|---|
| 3,760 | Standard (108" wb. only) |
| 3,800 | Standard (114" wb. only) |
| 4,220 | 108" wb.; HD Payload Pkg. #2 |
| 4,260 | 114" wb.; HD Payload Pkg. #2 |
| 4,380 | 108" wb.; HD Payload Pkg. #3 |
| 4,420 | 114" wb.; HD Payload Pkg. #3 |

NOTE: HD Payload Pkg. #2 includes: Power brakes, 1,291 lb. r. springs each, 5.5" rims; requires P195/75R-14SL tires.

NOTE: HD Payload Pkg. #3 includes: Power brakes, 1,418.5 lb. r. springs each, 5.5" rims; requires P205/75 R-14SL tires.

| CURB WEIGHTS & DIMENSIONS: (Std. equip., fuel, water, & oil) | | | | | | |
|--|-------|-------|-------|-------|-------|---------|
| Model | WB | Front | Rear | Total | OAL | Payload |
| 6' Pickup | 107.9 | 1,534 | 1,010 | 2,544 | 175.6 | 1,235 |
| 7' Pickup | 113.9 | 1,537 | 1,039 | 2,576 | 187.6 | 1,220 |

GENERAL SPECIFICATIONS

FRONT AXLE: Ford Twin I-beam with ball joint spindle, rated capacity 2,200 lbs.

FORD RANGER 4x2 PICKUP

REAR AXLE: Ford, Single reduction, semi-floating, hypoid gears, rated capacity 2,700 lb., ratio 3.08, 6.61" clearance. Optional: traction-Lok; 3.45, or 3.37 ratios.

SERVICE BRAKES: Dual hydraulic, Manual Self-adjusting, 10.28" dia. single piston floating caliper disc front, 34.4 sq. in. lining area; 9 x 1.75 drum rear, 48.18 sq. in. lining area. Optional: Power dual hydraulic with 7.87" dia. single diaphragm power booster.

PARKING BRAKE: Cable actuation of rear brakes, foot-operated.
 CLUTCH: Single plate, dry disc, 9" diameter.

COOLING SYSTEM: 320 sq. in. frontal area radiator, 8-blade 14.00" dia. plastic fan.

DRIVE LINE: Tubular shafts, needle bearing universal joints.

ELECTRICAL SYSTEM: 12 volt, 45 amp. hr - 380 CCA battery, 40 amp. 600 watt alternator.

FRAME: 36,000 psi steel single channel, 5.79 x 2.22 x 0.126 side rails, 2.34 section modulus.

FUEL TANK: Midship mounted - 108 wb., 15.2 gallon; 114" wb., 17.0 gallon. Optional: 13 gallon aft of axle auxiliary tank.

STEERING: Manual, recirculating ball gear, 23.75 ratio. Opt.: Power steering w/17.0 ratio; tilt steering wheel.

SUSPENSION: Front - Computer selected coil springs, 3.5" dia., capacity at pad/ground 1,103/917.5 lbs. each. Rear - Semi elliptic, two-stage, variable rate, 4-leaf, capacity at pad/ground 872/1,005 lbs. each. Optional: Front - 1,154/955, 1,205/992.5, or 1,257/1,030 lbs. each coil springs. Rear - 927/1086, 1,125/1,291, or 1,250/1,418.5 lbs. each leaf springs.

TRANSMISSION: Toyo Kogyo, 4-speed direct fully synchronized, ratios 3.96, 2.08, 1.39, 1.00, reverse 3.39. Optional: Ford 3-sp. C3 Selectshift Automatic (N/A w/2.0L eng.); Toyo Kogyo 5-sp. manual with O.D.

WHEELS AND TIRES: P185/75R-14SL front, and single rear tubeless tires on 14 x 5" JJ Rims, 5-hole disc wheels. P185/80D-14SL spare tire mtd. underframe at rear. Optional tire sizes available.

STANDARD EQUIPMENT: 99.3" BBC standard cab; Dry type air cleaner; thermo controlled air intake; Automatic choke; 25mm Front and Rear shock absorbers; spare tire carrier; bright front bumper; heater and defroster; bench seat; 2-speed electric windshield wipers and washers; Mechanical jack; Emission control system.

OPTIONAL EQUIPMENT: HD Payload Package #2 or #3; air conditioning; increased electrical and cooling systems; Appearance Protection group; 8-hole cast aluminum wheels; chromed front bumper; Handling pkg.; rear step bumper; XL, XLT, or XLS trim packages; Camper pkg.; Convenience group; Trailer towing Pkg. (includes HD fr. and r. shocks); Bucket seats; Calif. emission control system (N/A w/2.0L eng.).

FORD

GASOLINE TRUCK INDEX

GASOLINE TRUCK INDEX

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

- (31) Overturn — rollover (excludes end-over-end)
(32) Rollover—end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

- (36) Noncollision injury
(38) Other noncollision (specify):

- (39) Noncollision – details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify):

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

- (69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

- (75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 4. <u>01</u> | 5. <u>01</u> | 6. <u>03</u> | 7. <u>R</u> | 8. <u>B</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>02</u> |

Second Highest Delta "V"

| | | | | | | | |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|
| 12. <u>02</u> | 13. <u>53</u> | 14. <u>09</u> | 15. <u>L</u> | 16. <u>B</u> | 17. <u>E</u> | 18. <u>N</u> | 19. <u>02</u> |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

| | | | | | | | |
|--------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|
| 20. <u>L</u> | 21. <u>C₁</u> | <u>C₂</u> | <u>C₃</u> | <u>C₄</u> | <u>C₅</u> | <u>C₆</u> | 22. <u>± D</u> |
| | | | | | | | + |
| | | | | | | | = |

Second Highest Delta "V"

| | | | | | | | |
|--------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|
| 23. <u>L</u> | 24. <u>C₁</u> | <u>C₂</u> | <u>C₃</u> | <u>C₄</u> | <u>C₅</u> | <u>C₆</u> | 25. <u>± D</u> |
| | | | | | | | + |
| | | | | | | | = |

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

27. Direct Damage Width

(For highest severity impact)

Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

28. Original Wheelbase

Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

29. Original Average Track Width

Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER



INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 96 10
3. Vehicle Number 01

Interviewee(s) Role or Name(s):
DRIVER
Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

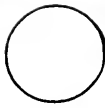
I was N., a truck turned in front of me I hit the brakes and put my (R) arm out to hold Granddaughter back then we hit

I don't remember much else

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

| | |
|--|---|
| SOURCE OF INFORMATION: | <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend |
| TRAVEL DIRECTION? | <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?) |
| LANE? | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane |
| ROAD CONDITION? | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify) |
| WEATHER CONDITIONS? (Check all that apply) | <input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify) |
| SIGN OR SIGNAL PRESENT? (check all that apply) | <input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input checked="" type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: <u>SPEED LIMIT</u> <input checked="" type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| WAS THE CONTROL FUNCTIONING PROPERLY? | <input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown |
| SPEED BEFORE THE IMPACT? (in mph) | <input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 ⁴⁰ <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown |
| BEFORE IMPACT, INTENDING TO ... ? (check all that apply) | <input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input checked="" type="checkbox"/> Other (specify): <input type="checkbox"/> Change lanes to left <u>CURVC RIGHT</u> |
| CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS? | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe) |
| AVOIDANCE ACTIONS? | <input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right |
| LOCATION OF VEHICLE AT TIME OF IMPACT? | <input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____ |
| SPEED AT THE TIME OF IMPACT? (in mph) | <input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 ³⁰ <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown |
| DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision? | |

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

| | |
|--|---|
| ROLLOVER BEGAN | <input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown |
| ROLLOVER CAUSE? | <input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown |
| DIRECTION OF VEHICLE ROLL? | <input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown |
| NUMBER OF TURNS | _____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS |
| PLANE IN CONTACT WITH GROUND AT FINAL REST? | <input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown |

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

| | |
|---|---|
| FIRE STARTED, OR SMOKE WAS FIRST SEEN ... | <input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown |
| FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (specify): |
| FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown |

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

| | |
|--|--|
| YEAR, MAKE AND MODEL? | Year: 19 <u>94</u> Make: <u>Ford</u> Model: <u>Aspire</u> |
| PREVIOUS OR POST-CRASH DAMAGE? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>MINOR DAM. to SIDE fender</u> <input type="checkbox"/> Unknown |
| DOORS OR HATCH OPEN DURING THE CRASH? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown |
| WINDOWS BREAK DURING THE CRASH? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Check all that apply <input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown |
| WINDOW PRECRASH STATUS | <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other _____ "O" = open "C" = Closed "P" = partially open "U" = Unknown <u>cracked post-crash</u> |
| GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH? | <input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown |
| CARGO IN THE VEHICLE? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds |
| VEHICLE MILEAGE | _____ miles <input type="checkbox"/> Unknown |
| IF VEHICLE HAS NOT BEEN INSPECTED | Current location of the vehicle: _____ <u>Not Applicable</u> Contact person: _____ |
| Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location: | |

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

| | | |
|--|---|---|
| Do you recall the type of development in the area of the crash? | <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Undeveloped <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> School |
| What were the weather conditions at the time of the crash? | <input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown | |
| What was the type of precipitation? | <input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing | |
| What was the condition of the road surface? | <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown | |
| How would you describe the amount of traffic at the time of the crash? | <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present | |
| What is your occupation? | <input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____ | |
| How long have you driven this vehicle? | Years: _____ | Months: <u>4</u> |
| How many miles do you think that you have driven it in the last 12-month period? | Miles: <u>5000</u> | |
| How often do you drive this particular roadway? | <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road | |
| Where were you coming from just prior to the crash? | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____ | |
| Where were you intending to go when the crash occurred? | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____ | |

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

| | DRIVER | OCCUPANT # 2 | OCCUPANT # |
|--|--|--|---|
| SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R) | FRONT LEFT | FR | |
| SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown | <input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'6" WEIGHT: 165 AGE: 6 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U | <input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: UNK WEIGHT: 40 AGE: 4 | <input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____ |
| OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown | <input type="checkbox"/> Leaning to left <input checked="" type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above | <input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above A unk which | <input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above |
| FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown | Indicate all letters that apply and further describe as needed (A) | Indicate all letters that apply and further describe as needed unknown K | Indicate all letters that apply and further describe as needed (L) on sw (R) outstretched holding granddaughter back |

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

| | DRIVER | OCCUPANT # ____ | OCCUPANT # ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|--|--|--|--|--|--|--|--|---|---|----------------------------------|----------------------------------|--|------------|-------------|---|---|--|--|--|--|--|--|--|--|---|---|----------------------------------|----------------------------------|--|------------|-------------|---|---|---|---|--|--|--|--|--|--|---|---|----------------------------------|----------------------------------|
| BACK UP AGAINST THE SEAT BACK? | <input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT? | <input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown | <input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown | <input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT | <table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input checked="" type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <u>PRE</u> | <u>POST</u> | <input type="checkbox"/> Not adjustable | <input type="checkbox"/> Not adjustable | <input checked="" type="checkbox"/> Completely upright | <input checked="" type="checkbox"/> Completely upright | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input checked="" type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <u>PRE</u> | <u>POST</u> | <input type="checkbox"/> Not adjustable | <input type="checkbox"/> Not adjustable | <input checked="" type="checkbox"/> Completely upright | <input checked="" type="checkbox"/> Completely upright | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <u>PRE</u> | <u>POST</u> | <input type="checkbox"/> Not adjustable | <input type="checkbox"/> Not adjustable | <input type="checkbox"/> Completely upright | <input type="checkbox"/> Completely upright | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| <u>PRE</u> | <u>POST</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Not adjustable | <input type="checkbox"/> Not adjustable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Completely upright | <input checked="" type="checkbox"/> Completely upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>PRE</u> | <u>POST</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Not adjustable | <input type="checkbox"/> Not adjustable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Completely upright | <input checked="" type="checkbox"/> Completely upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>PRE</u> | <u>POST</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Not adjustable | <input type="checkbox"/> Not adjustable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely upright | <input type="checkbox"/> Completely upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

☒ Not adjustable
☐ Center
☐ Full down
☐ Full up
☐ Between full up and center
☐ Between center and full down
☐ Unknown

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

☒ Not adjustable
☐ Midpoint
☐ Full forward
☐ Full back
☐ Between full back and midpoint
☐ Between midpoint and full forward
☐ Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No

☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☐ Other (specify):
- ☐ Unknown

RESTRAINT INFORMATION

| | DRIVER | OCCUPANT # ____ | OCCUPANT # ____ |
|---|--|--|---|
| TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason | <input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe: | <input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe: | <input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe: |
| DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2 - point automatic belt)</i> | <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * | <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * | <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * |
| IF "YES", WERE THEY WORKING PROPERLY? | <input type="checkbox"/> Yes <input type="checkbox"/> No (describe) | <input type="checkbox"/> Yes <input type="checkbox"/> No (describe) | <input type="checkbox"/> Yes <input type="checkbox"/> No (describe) |
| ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3 - point automatic belt)</i> | <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * | <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * | <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * |
| IF "YES", DOES IT CROSS: | <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both | <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both | <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both |
| OCCUPANT WEARING ANY SEATBELT? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

| | | | |
|--------------------------------|--|--|--|
| TYPE OF BELT WORN? | <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown | <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown | <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown |
| LAP BELT SITUATED? | <input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown |
| SHOULDER BELT SITUATED? | <input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown |

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

| | DRIVER | OCCUPANT # <u>2</u> | OCCUPANT # <u> </u> |
|--|---|---|--|
| ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved. | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved. | <input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved. |
| ANYONE PINNED IN THE VEHICLE? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment | <input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment |
| HOW DID OCCUPANT(S) EXIT THE VEHICLE? | <input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown | <input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown | <input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown |

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

| | DRIVER SIDE FRONTAL | PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u> | "OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____ |
|---|---|---|---|
| VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below | <input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED | <input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED | <input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED |
| TYPE OF AIR BAG? | <input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown | <input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown |
| PRIOR SERVICE ON THE AIR BAG SYSTEM? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: |
| DID AIR BAG INFLATE DURING THIS CRASH? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: |
| WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: |

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

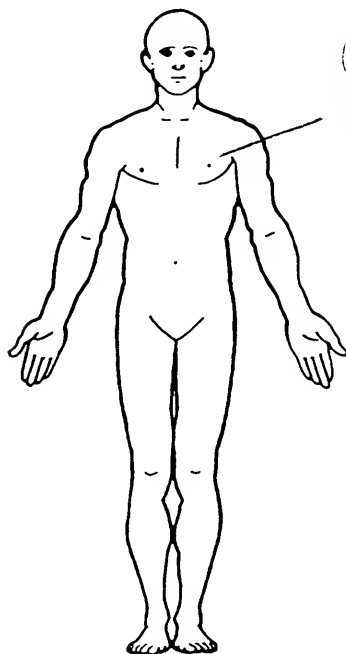
| | DRIVER | OCCUPANT # ____ | OCCUPANT # ____ |
|--|--------|--|--|
| MAKE AND MODEL OF THE SAFETY SEAT? | | | |
| TYPE OF SEAT? | | <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown |
| DIRECTION FACING PRIOR TO THE CRASH? | | <input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown | <input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown |
| VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE? | | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT? | | <input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown |
| WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE? | | <input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown | <input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown |
| ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT? | | <input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown | <input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown |

Describe any additional information here:

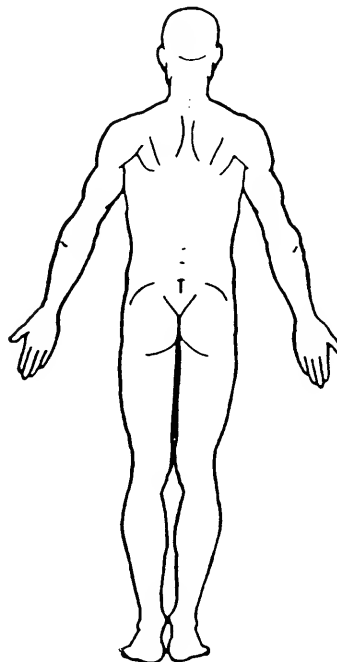
[illegible]

PSU Number 10Case Number—Stratum 9610Vehicle Number 01Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

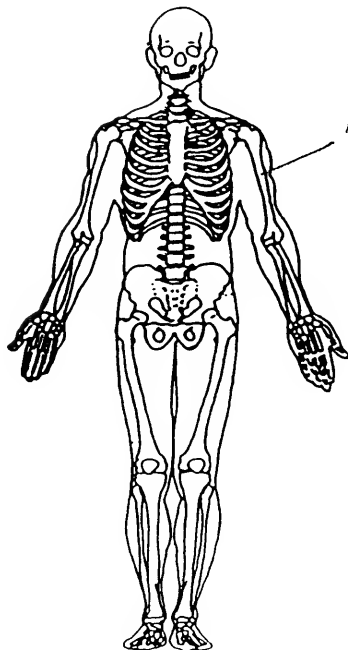
SOFT TISSUE/INTERNAL INJURIES



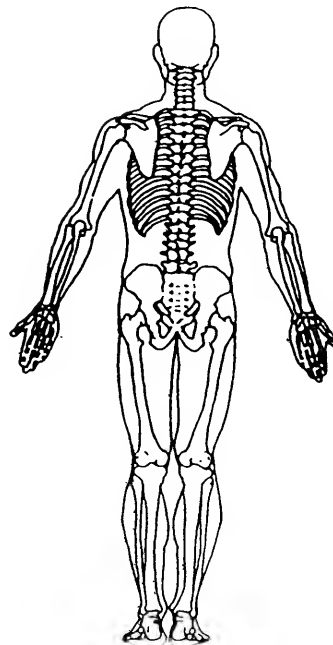
Ⓛ
chest
bruised
unk



SKELETAL INJURIES



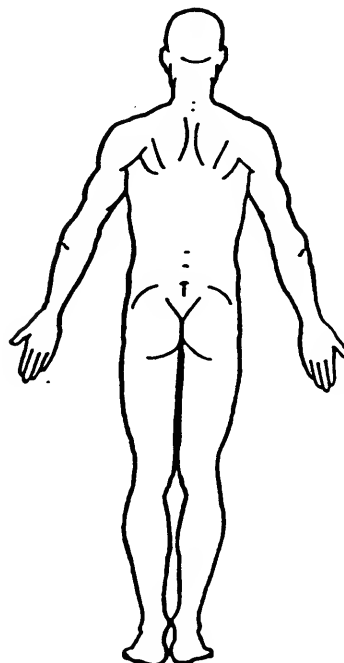
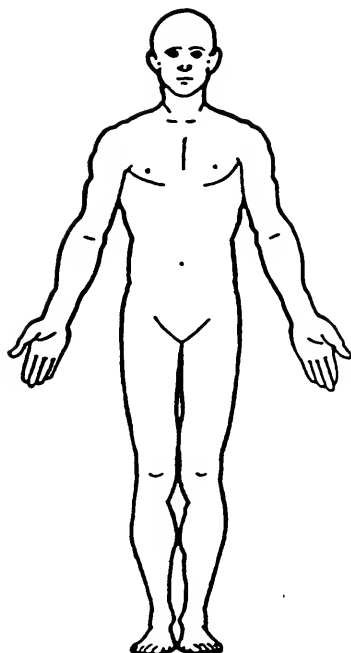
Fx Ⓛ
upper
ARM



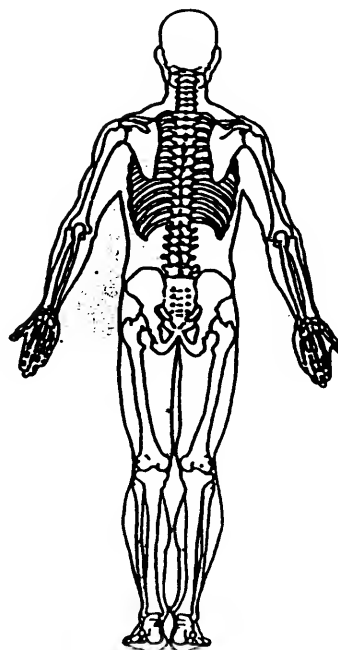
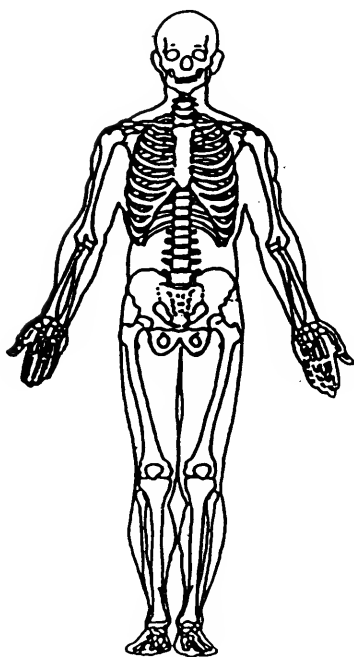
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9610 Vehicle Number 01 Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Driver

SOFT TISSUE/INTERNAL INJURIES

*Don't
Remember*

SKELETAL INJURIES

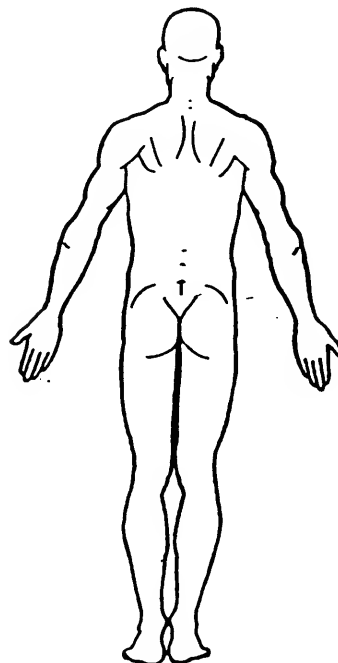
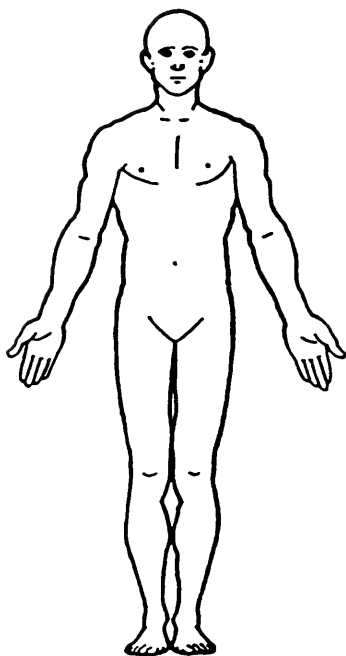
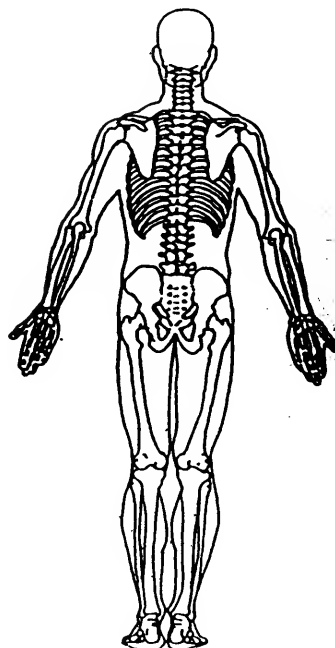
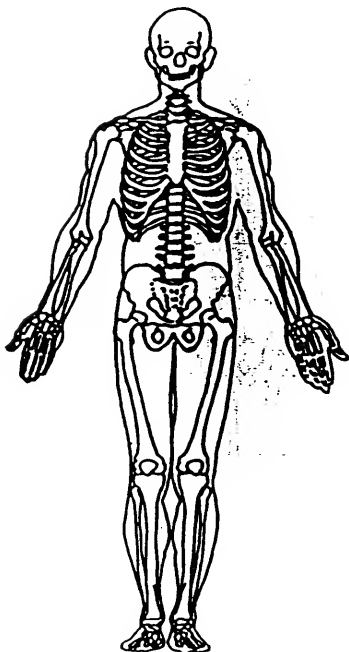


The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 96

Vehicle Number _____

Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

**NASS CDS INTERVIEW FORM:
ATTORNEY FOR VEHICLE #2'S DRIVER**



INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s):

2. Case Number - Stratum 9610

Attorney for DRIVER

3. Vehicle Number 02

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

He was traveling S/B SAW other CAR
He had already completed turn the
other car swerved off (R) SIDE of
ROAD hit him on (R) pushed him into

Island/sign w/ (L) SIDE
(Attorney Per Vi Deposition) -

GRANDmother tried to hold child as she
Rounded curve & hitting brakes to AVOID p/u truck
While leaning to (R) to hold child car veered to
(R) into p/u truck as it completed its turn
(Deyer)

IMPACT Knocked heavy piece of equip off
his truck

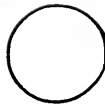
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

Per Attorney.

Vi child not in seatbelt - child was standing
or kneeling. Child went over top of AIRbag
at impact.

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

| | |
|--|--|
| SOURCE OF INFORMATION: | <input type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend |
| TRAVEL DIRECTION? | <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?) |
| LANE? | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane |
| ROAD CONDITION? | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify) |
| WEATHER CONDITIONS? (Check all that apply) | <input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify) |
| SIGN OR SIGNAL PRESENT? (check all that apply) | <input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| WAS THE CONTROL FUNCTIONING PROPERLY? | <input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown |
| SPEED BEFORE THE IMPACT? (in mph) | <input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown |
| BEFORE IMPACT, INTENDING TO ... ? (check all that apply) | <input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input checked="" type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input checked="" type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left |
| CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe) |
| AVOIDANCE ACTIONS? | <input checked="" type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right |
| LOCATION OF VEHICLE AT TIME OF IMPACT? | <input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____ |
| SPEED AT THE TIME OF IMPACT? (in mph) | <input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown |
| DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision? | She hit him he rotated and hit concrete Island / sign |

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

| | |
|--|---|
| ROLLOVER BEGAN | <input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown |
| ROLLOVER CAUSE? | <input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown |
| DIRECTION OF VEHICLE ROLL? | <input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown |
| NUMBER OF TURNS | _____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS |
| PLANE IN CONTACT WITH GROUND AT FINAL REST? | <input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown |

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

| | |
|---|---|
| FIRE STARTED, OR SMOKE WAS FIRST SEEN ... | <input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown |
| FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (specify): _____ |
| FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown |

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

| | |
|--|--|
| YEAR, MAKE AND MODEL? | Year: 19 <u>84</u> Make: <u>FORD</u> Model: <u>RANGER</u> |
| PREVIOUS OR POST-CRASH DAMAGE? | <input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown |
| DOORS OR HATCH OPEN DURING THE CRASH? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown |
| WINDOWS BREAK DURING THE CRASH? | <input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown |
| WINDOW PRECRASH STATUS | <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown |
| GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown |
| CARGO IN THE VEHICLE? | <input type="checkbox"/> No [] Unknown <input checked="" type="checkbox"/> Yes - describe: <u>DRYER</u> Approximate weight - _____ pounds |
| VEHICLE MILEAGE | _____ miles <input checked="" type="checkbox"/> Unknown |
| IF VEHICLE HAS NOT BEEN INSPECTED | Current location of the vehicle: _____ <u>Not Applicable</u> Contact person: _____ |
| Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location: | |

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

| | |
|--|--|
| Do you recall the type of development in the area of the crash? | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____ |
| What were the weather conditions at the time of the crash? | <input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown |
| What was the type of precipitation? | <input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing |
| What was the condition of the road surface? | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown |
| How would you describe the amount of traffic at the time of the crash? | <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present |
| What is your occupation? | <input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>INDEPENDANT REPAIRMAN</u> |
| How long have you driven this vehicle? | Years: <u>6-8</u> Months: _____ |
| How many miles do you think that you have driven it in the last 12-month period? | Miles: <u>UNK</u> |
| How often do you drive this particular roadway? | <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road |
| Where were you coming from just prior to the crash? | <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (<u>shop</u>) <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____ |
| Where were you intending to go when the crash occurred? | <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>DROP off</u> |

DRYER customer

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

| | DRIVER | OCCUPANT # <u>2</u> | OCCUPANT # <u>3</u> |
|--|---|---|--|
| SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R) | FRONT LEFT | FM | FR |
| SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown | <input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'7"</u> WEIGHT: <u>160</u> AGE: <u>45</u> DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U | <input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'2"</u> WEIGHT: <u>110</u> AGE: <u>17</u> | <input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'11"</u> WEIGHT: <u>170</u> AGE: <u>18</u> |
| OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown | <input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above | <input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above | <input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above |
| FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown | Indicate all letters that apply and further describe as needed A F | Indicate all letters that apply and further describe as needed A N | Indicate all letters that apply and further describe as needed A N |

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

| | DRIVER | OCCUPANT # <u>2</u> | OCCUPANT # <u>3</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|---|--|--|--|--|--|--|---|---|----------------------------------|----------------------------------|--|------------|-------------|--|--|---|---|--|--|--|--|--|--|---|---|----------------------------------|----------------------------------|--|------------|-------------|--|--|---|---|--|--|--|--|--|--|---|---|----------------------------------|----------------------------------|
| BACK UP AGAINST THE SEAT BACK? | <input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT? | <input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown | <input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown | <input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT | <table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <u>PRE</u> | <u>POST</u> | <input checked="" type="checkbox"/> Not adjustable | <input checked="" type="checkbox"/> Not adjustable | <input type="checkbox"/> Completely upright | <input type="checkbox"/> Completely upright | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <u>PRE</u> | <u>POST</u> | <input checked="" type="checkbox"/> Not adjustable | <input checked="" type="checkbox"/> Not adjustable | <input type="checkbox"/> Completely upright | <input type="checkbox"/> Completely upright | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <u>PRE</u> | <u>POST</u> | <input checked="" type="checkbox"/> Not adjustable | <input checked="" type="checkbox"/> Not adjustable | <input type="checkbox"/> Completely upright | <input type="checkbox"/> Completely upright | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| <u>PRE</u> | <u>POST</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Not adjustable | <input checked="" type="checkbox"/> Not adjustable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely upright | <input type="checkbox"/> Completely upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>PRE</u> | <u>POST</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Not adjustable | <input checked="" type="checkbox"/> Not adjustable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely upright | <input type="checkbox"/> Completely upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>PRE</u> | <u>POST</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Not adjustable | <input checked="" type="checkbox"/> Not adjustable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely upright | <input type="checkbox"/> Completely upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly reclined | <input type="checkbox"/> Slightly reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely reclined | <input type="checkbox"/> Completely reclined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slightly forward of upright | <input type="checkbox"/> Slightly forward of upright | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Completely forward | <input type="checkbox"/> Completely forward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT | <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down | <input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown | <input type="checkbox"/> Between full up and center <input type="checkbox"/> Full down | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELESCOPING STEERING COLUMN PRIOR TO IMPACT | <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward | <input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown | <input type="checkbox"/> Between full back and midpoint <input type="checkbox"/> Full forward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown**(Note to researcher: try to determine any driver distractions without implying fault)****Was the driver doing any of the following? (check all that apply - and specify)**

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☐ Other (specify):
- ☐ Unknown

RESTRAINT INFORMATION

| | DRIVER | OCCUPANT # <u>2</u> | OCCUPANT # <u>3</u> |
|---|--|--|--|
| TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason | <input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe: | <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe: | <input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe: |
| DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2-point automatic belt)</i> | <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * | <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * | <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * |
| IF "YES", WERE THEY WORKING PROPERLY? | <input type="checkbox"/> Yes <input type="checkbox"/> No (describe) | <input type="checkbox"/> Yes <input type="checkbox"/> No (describe) | <input type="checkbox"/> Yes <input type="checkbox"/> No (describe) |
| ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3-point automatic belt)</i> | <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * | <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * | <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * |
| IF "YES", DOES IT CROSS: | <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both | <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both | <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both |
| OCCUPANT WEARING ANY SEATBELT? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN | | | |
| TYPE OF BELT WORN? | <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown | <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown | <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown |
| LAP BELT SITUATED? | <input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown |
| SHOULDER BELT SITUATED? | <input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown |
| Describe any breaks, tears, or failures to any of the seat belts: | | | |

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

| | DRIVER | OCCUPANT # <u>2</u> | OCCUPANT # <u>3</u> |
|--|---|---|---|
| ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved. | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved. | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved. |
| ANYONE PINNED IN THE VEHICLE? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment |
| HOW DID OCCUPANT(S) EXIT THE VEHICLE? | <input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown | <input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown | <input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown |

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)

☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

| | DRIVER SIDE FRONTAL | PASSENGER SIDE FRONTAL OCCUPANT # ____ | "OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____ |
|--|---|---|---|
| VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below | <input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED | <input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED | <input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED |
| TYPE OF AIR BAG? | <input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown | <input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown | <input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown |
| PRIOR SERVICE ON THE AIR BAG SYSTEM? | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: |
| DID AIR BAG INFLATE DURING THIS CRASH? | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND? | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: |
| WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT? | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: | <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: |

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

| | DRIVER | OCCUPANT # ____ | OCCUPANT # ____ |
|--|--------|--|--|
| MAKE AND MODEL OF THE SAFETY SEAT? | | | |
| TYPE OF SEAT? | | <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown |
| DIRECTION FACING PRIOR TO THE CRASH? | | <input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown | <input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown |
| VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE? | | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT? | | <input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown |
| WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE? | | <input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown | <input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown |
| ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT? | | <input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown | <input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown |

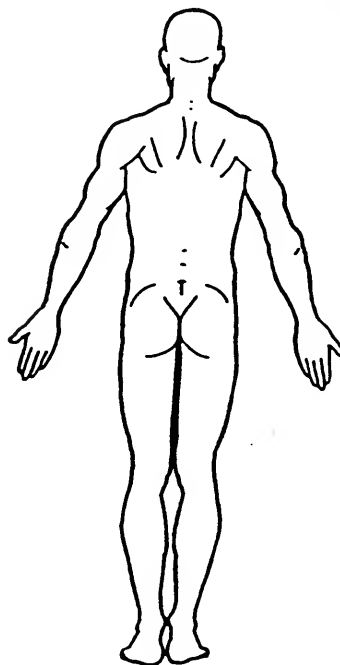
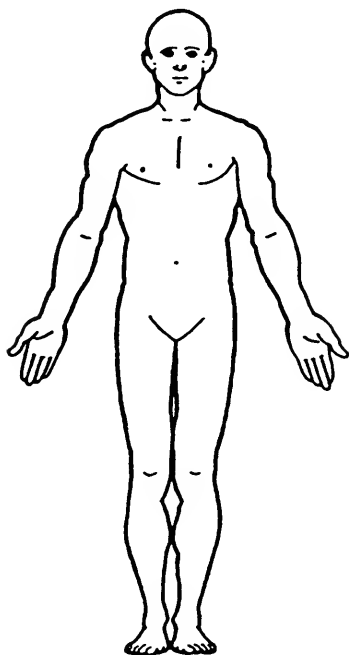
Describe any additional information here:

INJURY INFORMATION

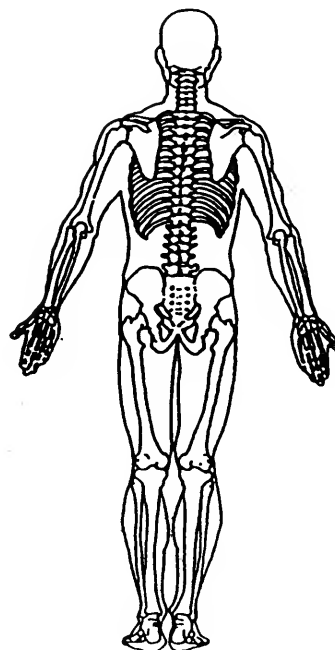
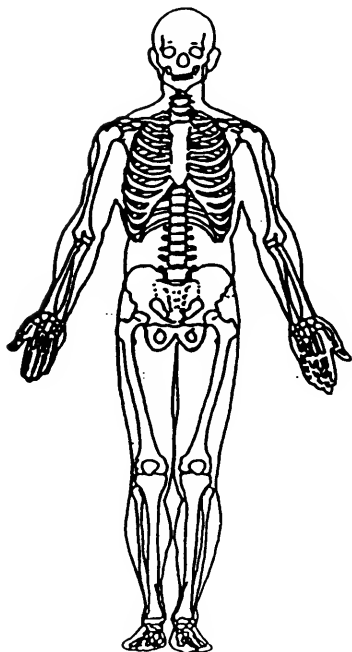
| | DRIVER | OCCUPANT # <u>2</u> | OCCUPANT # <u>3</u> |
|--|---|---|--|
| WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| DID YOU HAVE ANY OF THE FOLLOWING: (If any injuries are checked, go to the manikin page and record location, lesion, and source) | <input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin | <input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin | <input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin |
| TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| RECEIVE ANY MEDICAL TREATMENT? (check all that apply) | <input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown | <input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown | <input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input checked="" type="checkbox"/> Treated by self <input checked="" type="checkbox"/> Unknown |
| HOSPITALIZED? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown |
| TREATED AND RELEASED FROM THE EMERGENCY ROOM? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| NAME OF MEDICAL TREATMENT FACILITY? | | | |
| RECEIVE ANY FOLLOW-UP TREATMENT? | <input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown |
| LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH? | <input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days _____ <input checked="" type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown |
| IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed | <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____ |

PSU Number 10Case Number—Stratum 961DVehicle Number 02Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):Attorney

SOFT TISSUE/INTERNAL INJURIES



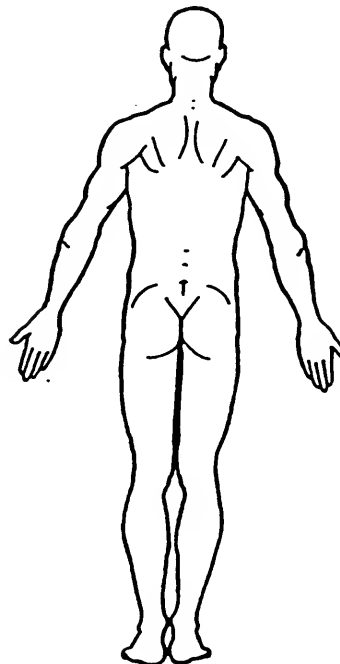
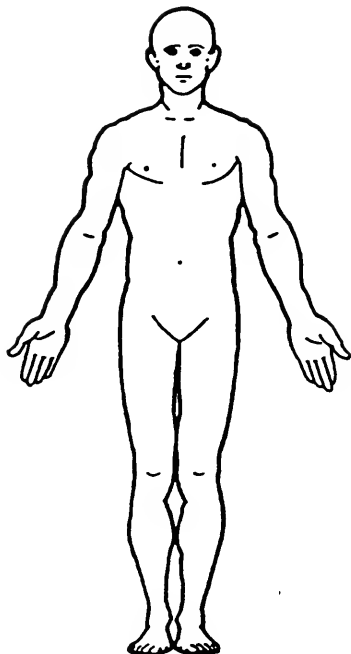
SKELETAL INJURIES



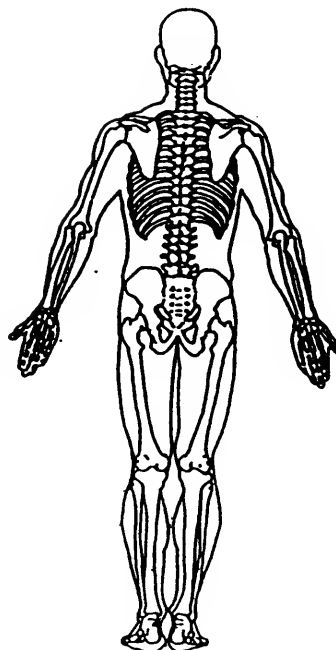
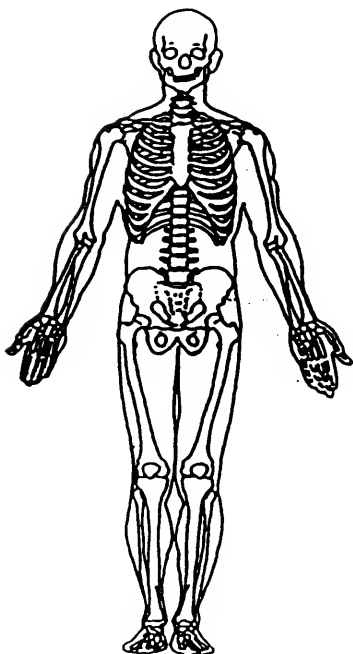
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 96Vehicle Number 02Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):Attorney

SOFT TISSUE/INTERNAL INJURIES



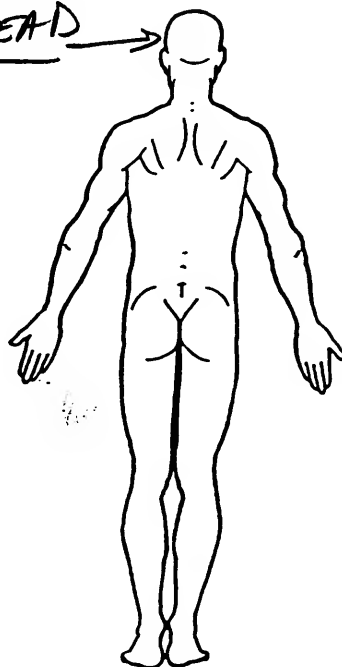
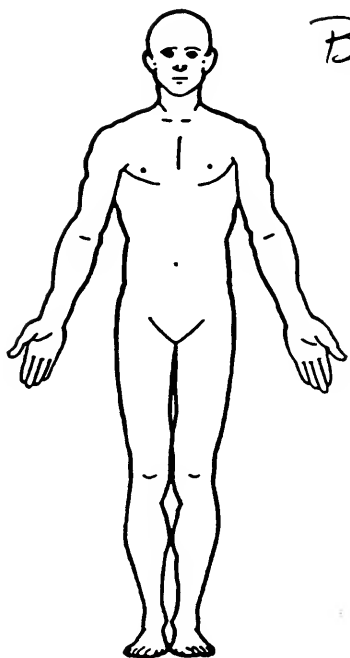
SKELETAL INJURIES



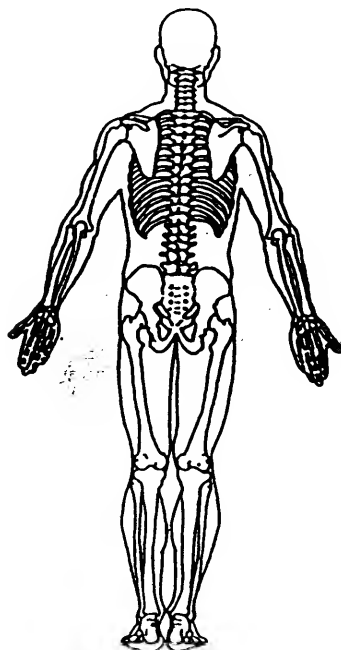
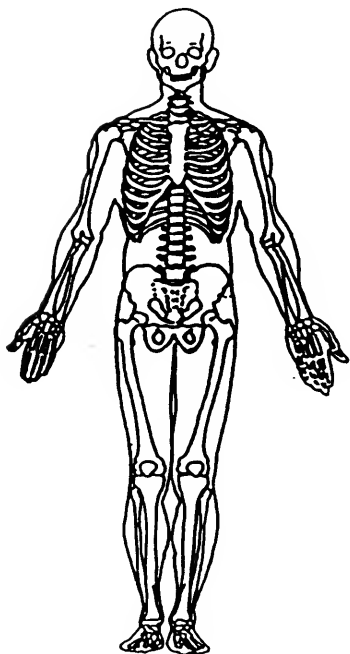
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 9610Vehicle Number 02Occupant Number 03**INJURY DATA FROM INTERVIEWEE(S)**Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Attorney

SOFT TISSUE/INTERNAL INJURIES

Bump to HEAD →
A PILLAR

SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9610

3. Vehicle Number 01

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 56

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 168

Code actual height to the nearest centimeter.

(999) Unknown

66 inches X 2.54 = 167.6 centimeters

8. Occupant's Weight 075

Code actual weight to the nearest kilogram.

(999) Unknown

165 pounds X .4536 = 74.8 kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 8

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

leaning to (R) trying to

(9) Unknown

hold back
Granddaughter

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☐ Vehicle inspection
- ☒ Official injury data
- ☒ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function
(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment 1

(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)

- (2) Deployed inadvertently just prior to accident

- (3) Deployed, details unknown

- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (5) Unknown if deployed

- (7) Nondeployed

- (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify):

- (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 996

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 3

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 3

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 96

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 96
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
 Adjustable Seat Track *Per Interviewee*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

(00) Occupant not seated or no seat

(01) Not adjustable

Upright prior to impact Per Interviewee

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

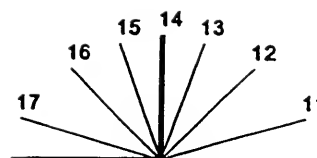
(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

*Slightly reclined prior to impact*

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

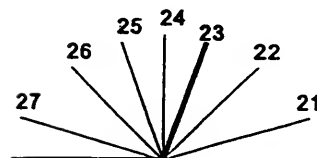
(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

*Completely reclined prior to impact*

(31) Retained pre-impact position

(32) Moved to rearward midrange position

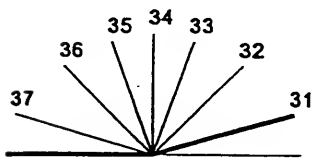
(33) Moved to slightly rearward position

(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 9

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed
(specify): _____

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment
intrusion, (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 02

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 24 hours, 2 days = 48, ... n days = 24 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 06

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 29

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER



BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9610

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

| Source of Injury Data | Body Region | A.I.S. - 90 | | | | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number | | | |
|--|----------------|----------------------------------|-----------------------------------|--------------------|--------------------|---|-------------------------------|---|----------------|----------------|----------------|
| | | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | | | | | | |
| Fx ① lateral epicondyle 1st of humerus | 5. <u>3</u> | 6. <u>7</u> | 7. <u>5</u> | 8. <u>26</u> | 9. <u>02</u> | 10. <u>2</u> | 11. <u>2</u> | 12. <u>058</u> | 13. <u>3</u> | 14. <u>1</u> | 15. <u>99</u> |
| Fx ① 5th metacarpal 2nd | 16. <u>2</u> | 17. <u>7</u> | 18. <u>5</u> | 19. <u>20</u> | 20. <u>02</u> | 21. <u>2</u> | 22. <u>2</u> | 23. <u>010</u> | 24. <u>2</u> | 25. <u>1</u> | 26. <u>99</u> |
| Fx ① 4th proximal 3rd phalanx | 27. <u>2</u> | 28. <u>7</u> | 29. <u>5</u> | 30. <u>24</u> | 31. <u>04</u> | 32. <u>1</u> | 33. <u>2</u> | 34. <u>010</u> | 35. <u>2</u> | 36. <u>1</u> | 37. <u>99</u> |
| Contusion ① 4th metacarpal | 38. <u>2</u> | 39. <u>3</u> | 40. <u>9</u> | 41. <u>04</u> | 42. <u>02</u> | 43. <u>1</u> | 44. <u>2</u> | 45. <u>170</u> | 46. <u>1</u> | 47. <u>1</u> | 48. <u>00</u> |
| Abrasion ① hand + forearm | 49. <u>3</u> | 50. <u>7</u> | 51. <u>9</u> | 52. <u>02</u> | 53. <u>02</u> | 54. <u>1</u> | 55. <u>2</u> | 56. <u>170</u> | 57. <u>1</u> | 58. <u>1</u> | 59. <u>00</u> |
| Contusion ① dorsal forearm | 60. <u>2</u> | 61. <u>7</u> | 62. <u>9</u> | 63. <u>04</u> | 64. <u>02</u> | 65. <u>1</u> | 66. <u>2</u> | 67. <u>170</u> | 68. <u>2</u> | 69. <u>1</u> | 70. <u>00</u> |
| 7th | 71. <u> </u> | 72. <u> </u> | 73. <u> </u> | 74. <u> </u> | 75. <u> </u> | 76. <u> </u> | 77. <u> </u> | 78. <u> </u> | 79. <u> </u> | 80. <u> </u> | 81. <u> </u> |
| 8th | 82. <u> </u> | 83. <u> </u> | 84. <u> </u> | 85. <u> </u> | 86. <u> </u> | 87. <u> </u> | 88. <u> </u> | 89. <u> </u> | 90. <u> </u> | 91. <u> </u> | 92. <u> </u> |
| 9th | 93. <u> </u> | 94. <u> </u> | 95. <u> </u> | 96. <u> </u> | 97. <u> </u> | 98. <u> </u> | 99. <u> </u> | 100. <u> </u> | 101. <u> </u> | 102. <u> </u> | 103. <u> </u> |
| 10th | 104. <u> </u> | 105. <u> </u> | 106. <u> </u> | 107. <u> </u> | 108. <u> </u> | 109. <u> </u> | 110. <u> </u> | 111. <u> </u> | 112. <u> </u> | 113. <u> </u> | 114. <u> </u> |

| | A.I.S. - 90 | | | | | | | Injury Source | Injury Source Confidence Level | Direct/Indirect Injury | Occupant Area Intrusion Number |
|------|-----------------------|-------------|----------------------------|-----------------------------|-----------------|-----------------|--------|---------------|--------------------------------|------------------------|--------------------------------|
| | Source of Injury Data | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | | | |
| 11th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 12th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 13th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 14th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 15th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 16th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 17th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 18th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 19th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 20th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 21st | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 22nd | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 23rd | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 24th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |
| 25th | --- | --- | --- | --- | --- | --- | --- | ----- | --- | --- | --- |

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

☒ No

☐ Yes

(ET, EN, ED)

Blood Alcohol Level

(mg/dl) 1.0 (ED)

BAL =

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units =

Arterial Blood Gases

pH =

PO₂ =

PCO₂ =

HCO₃ =

• Unrestrained driver of car
(ED)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• c/o slight chest pain, tenderness, ① chest wall
(ET, EN, ED)

• subcutaneous edema
① anterior chest wall
(ED)

• c/o pain ② arm + hand (ET)

① forearm swelling, ecchymosis, no deformity
(ED)

① hand edematous + swollen

• c/o ① forearm pain
(ED)

ETOH odor test ordered
(ED, ER)

OCCUPANT INJURY CLASSIFICATION

| Body Region | Specific Anatomic Structure | Level of Injury | Aspect |
|---|---|--|------------------|
| (1) Head | | Specific injuries are assigned consecutive two-digit numbers beginning with 02. | (1) Right |
| (2) Face | | | (2) Left |
| (3) Neck | | | (3) Bilateral |
| (4) Thorax | | | (4) Central |
| (5) Abdomen | <u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (5) Anterior |
| (6) Spine | | | (6) Posterior |
| (7) Upper Extremity | | | (7) Superior |
| (8) Lower Extremity | | | (8) Inferior |
| (9) Unspecified | The exceptions to this rule apply to: | NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (9) Unknown |
| | | | (0) Whole region |
| Type of Anatomic Structure | <u>Whole Area</u> | Abbreviated Injury Scale | |
| (1) Whole Area | (02) Skin - Abrasion | | |
| (2) Vessels | (04) Skin - Contusion | | |
| (3) Nerves | (06) Skin - Laceration | | |
| (4) Organs (includes Muscles/ligaments) | (08) Skin - Avulsion | (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity | |
| (5) Skeletal (includes joints) | (10) Amputation | | |
| (6) Head - LOC | (20) Burn | | |
| (9) Skin | (30) Crush | | |
| | (40) Degloving | | |
| | (50) Injury - NFS | | |
| | (90) Trauma, other than mechanical | | |
| | <u>Head - LOC</u> | | |
| | (02) Length of LOC | | |
| | (04) Level | | |
| | (06) of | | |
| | (08) Consciousness | | |
| | (10) Concussion | | |
| | <u>Spine</u> | | |
| | (02) Cervical | | |
| | (04) Thoracic | | |
| | (06) Lumbar | | |

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

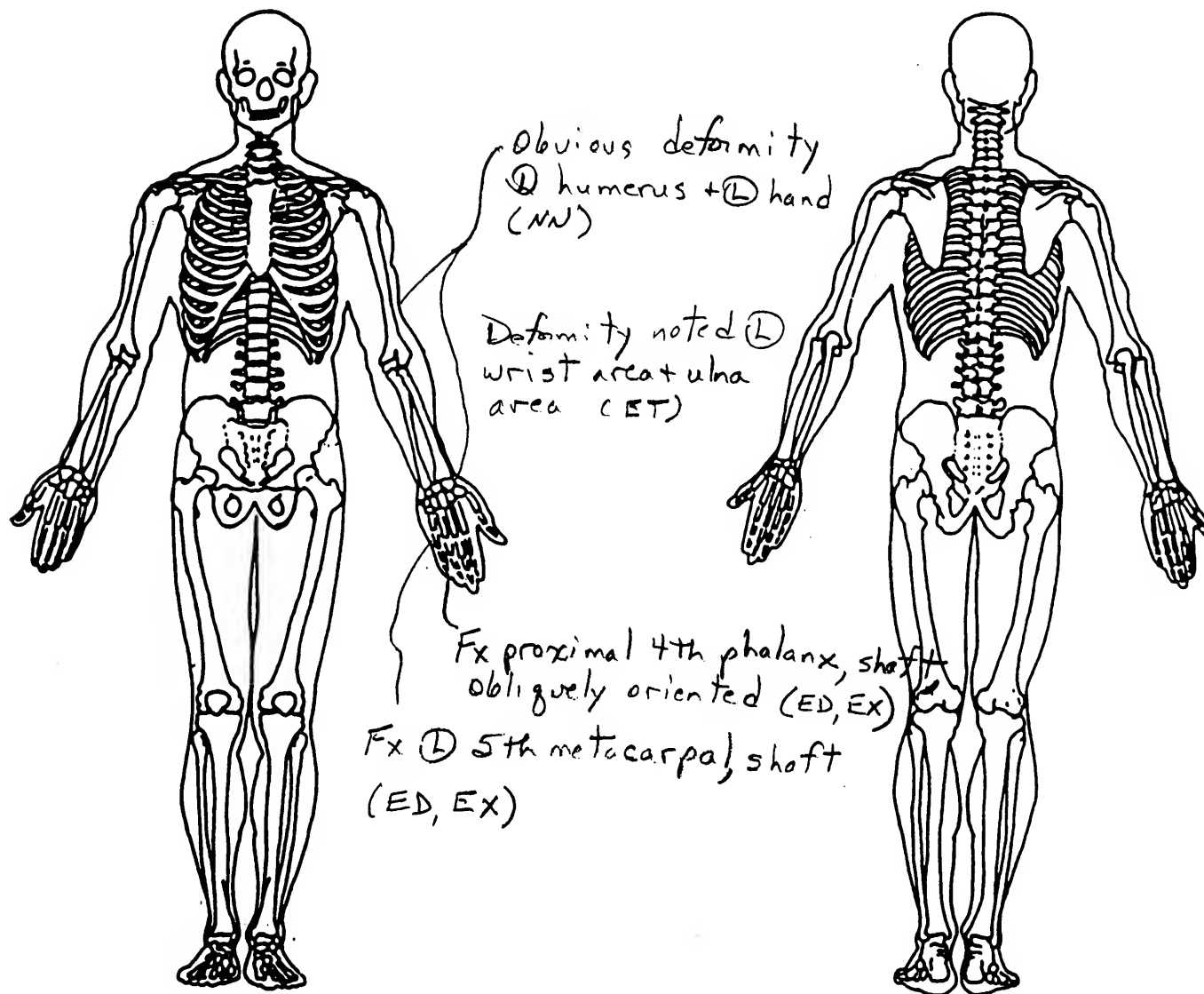
- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

- FRONT**
- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____
- LEFT SIDE**
- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____
- RIGHT SIDE**
- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____
- INTERIOR**
- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____
- AIR BAG**
- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry
- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____
- ROOF**
- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- FLOOR**
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake
- REAR**
- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____
- ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**
- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____
- EXTERIOR of OCCUPANT'S VEHICLE**
- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects
- EXTERIOR OF OTHER MOTOR VEHICLE**
- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle
- OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object
- NONCONTACT INJURY**
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

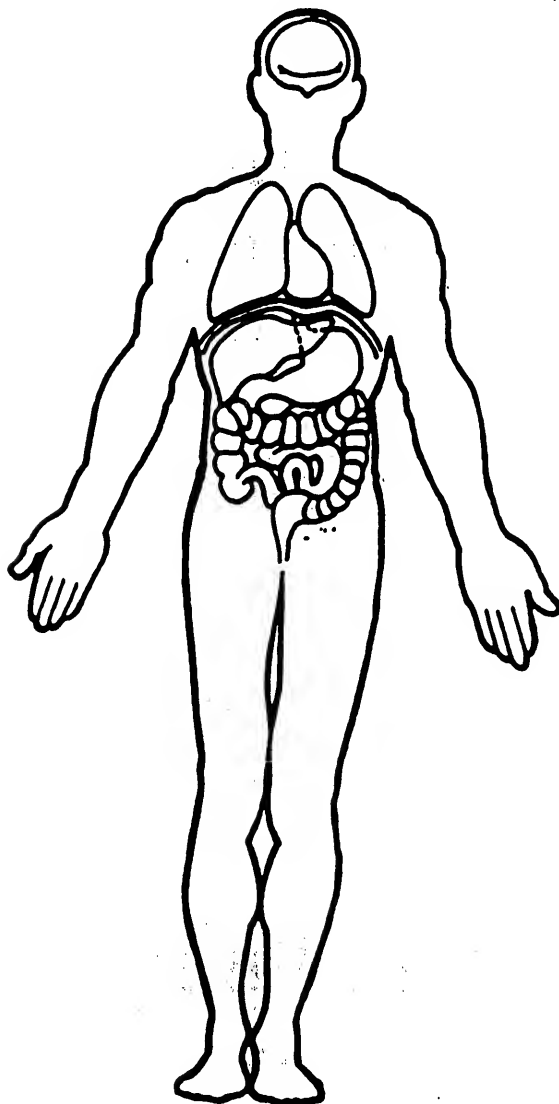
OFFICIAL INJURY DATA —INTERNAL INJURIES

• Pt was very distraught
(ET)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• No LOC (ET)

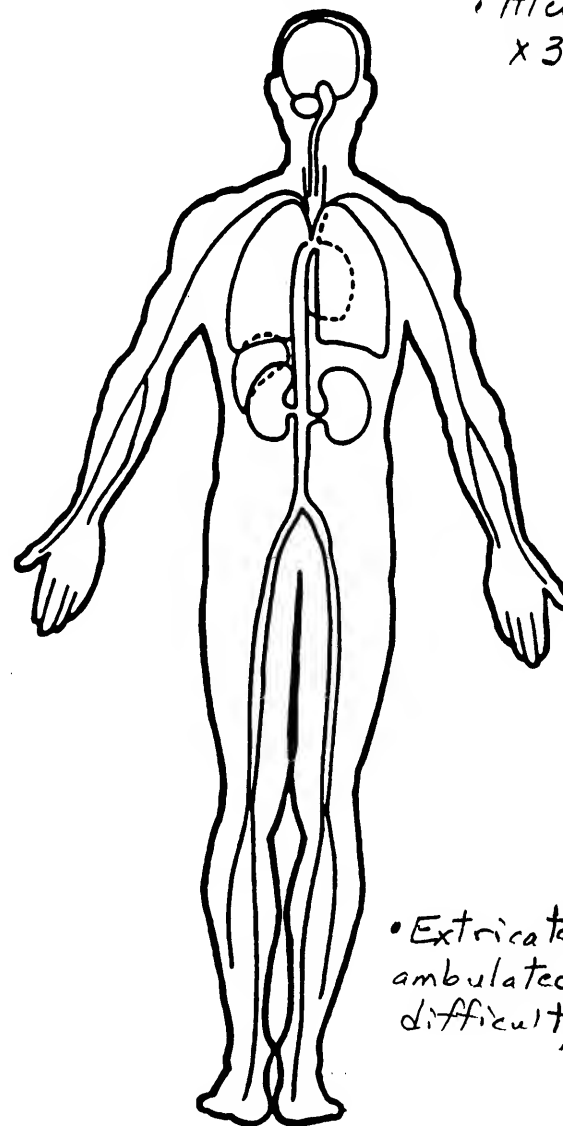
• Denies LOC
(ET, ED)



• Pt was standing out of vehicle on arrival
(ET)

• Awake + oriented @ scene
(ET)

• Alert + Oriented
x3 (ER)



• Extricated self,
ambulated without
difficulty (ED)

CAUSE OF DEATH

BEST AVAILABLE

ICD-9-CM

959.8 Injury, other, and unspecified location
825.25 Fracture metatarsal bone

OTHER DRUGS (GV16)

| Specimen Test Type | Drug(s) | Drug Type |
|---|---------|-----------|
| <input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified | | |

MEDICAL RECORD ABBREVIATIONS

| Symbol | Record Type Description |
|--------|--|
| A | Autopsy—medical information based upon an invasive examination of a body |
| ME | Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body |
| AR | Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available. |
| FS | Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above |
| DS | Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant |
| OS | Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related |
| FX | Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care |
| PN | Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission |
| HP | History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room |
| CN | Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission |
| ER | Emergency room report—where the author of this information is undefined |
| EN | Emergency room nurse—"nurse/complaint of" section on the emergency room report |
| ED | Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report) |
| NN | Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s) |
| EX | Radiographic records—taken during the patients stay in the emergency room |
| CV | Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author. |
| CR | Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner |
| ET | Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT) |
| O | Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine) |

HISTORY OF PRESENT ILLNESS/PHYSICAL EXAM/OTHER INFORMATION:

Arrived on scene to find 56 year old male complaining of pain to his (L) arm & wrist. pt driver of vehicle. It did not appear to be any h/o.c. It was not clear if he was concerned about being in vehicle than being injured. He mentioned that he was not sure if he was in the area of the arm. It was very painful. It was a standing part of vehicle upon arrival. It was loaded via Stairing Back board, C-collar in place, full tie-down. It was noted that he had slight chest pain. It was placed on a 115 O₂ via nasal cannula. It was noted that he was in place w/ swing & switch. It was noted that he had no other pain except to his arm. It was transported to CH & turned over to ER staff without incident.

| IV PROCEDURES | FLUID TYPE | LOCATION | VOLUME or RATE | GAUGE | TIME | INITIAL | ATTEMPTS | # OF UNSUC. ATTEMPTS |
|------------------|------------|----------|----------------|-------|------|---------|----------|----------------------|
| Peripheral IV #1 | | | | | | | | |
| Peripheral IV #2 | | | | | | | | |
| External Jugular | | | | | | | | |
| Internal Jugular | | | | | | | | |
| Subclavian | | | | | | | | |
| Intraosseous | | | | | | | | |

IV BOX: OLD# NEW#
OLD# NEW#
DRUG BOX: OLD# NEW#
PHYSICIAN DEA NUMBER:
NARCOTICS ACCOUNTED FOR (sign):

| DRUG | DOSE/ROUTE | TIME | INIT | DOSE/ROUTE | TIME | INIT | DRUG | DOSE/ROUTE | TIME | INIT | DOSE/ROUTE | TIME | INIT |
|---------------------|------------|------|------|------------|------|------|------|--------------------|------|------|------------|------|------|
| Atropine | | | | | | | 13 | Ipecac | | | | | |
| Alupent | | | | | | | 14 | Lasix | | | | | |
| Aminophylline | | | | | | | 15 | Lidocaine | | | | | |
| Atropine | | | | | | | 16 | Lidocaine | | | | | |
| Benadryl | | | | | | | 17 | Morphine | | | | | |
| Brethium | | | | | | | 18 | Narcan | | | | | |
| Bronkostat | | | | | | | 19 | Nitroglycerine | | | | | |
| Demerol | | | | | | | 20 | Sodium Bicarbonate | | | | | |
| Dextrose 50% | | | | | | | 21 | Thiamine | | | | | |
| Dopamine | | | | | | | 22 | Valium | | | | | |
| Epinephrine 1:1000 | | | | | | | 23 | Solu-Medrol | | | | | |
| Epinephrine 1:10000 | | | | | | | | Other | | | | | |
| Other | | | | | | | | Other | | | | | |

| MVA TYPE | MVA IMPACT | RESTRAINTS | NO PATIENT | TRANSPORT | NON-TRANSPORT | METHOD OF CONTACT |
|--|---|---|---|--|---|---|
| 1 Auto 2 Motorcycle 3 Truck 4 Pedestrian 5 Bicycle 6 ATV 7 LOCATION IN VEHICLE 8 Ejected 9 Single Vehicle 10 Overturned Vehicle 11 Trapped Pinned-Time | 1 FR LEFT 2 FR LEFT 3 FR RIGHT 4 FR RIGHT 5 Undetermined 6 Multiple Vehicle | 1 None 2 Lap 3 Lap & Shoulder 4 Child Car Seat 5 Airbag 6 Other | 1 Cancelled 2 False Call 3 GOA 4 Unable to locate 5 Public Service 6 Stand By | 1 From Scene 2 Interfacility 3 Level of Care 4 ALS 5 BLS 6 Public on Arrival at Destination 7 Yes 8 No | 1 Patient Refusal 2 No Illness or Injury 3 ODA 4 Treated - Transferred to 5 PD 6 PDV 7 Other 8 Helicopter 9 Ambulance | 1 COUR-MED 2 HEAR 3 Telephone 4 Cellular 5 Direct 6 Standing Orders |

BASE STATION CONTACTED: _____
PHYSICIAN: _____
Time: _____

REFUSAL OF SERVICE/DISCLAIMER: I HEREBY REFUSE THE SERVICES, TREATMENT AND/OR TRANSPORTATION RECOMMENDED AND OFFERED BY THE PERSONNEL, AND UNDERSTAND THAT I ACCEPT FULL RESPONSIBILITY FOR ANY CONSEQUENCES OF SUCH REFUSAL. I FURTHER RELEASE THE INDIVIDUAL AGENCY NAME PERSONNEL AND THE HOSPITAL NAME FROM ANY LIABILITY FOR INJURY, LOSS, OR DAMAGE WHICH I SUFFERED OR MAY SUFFER, BOTH KNOWN AND UNKNOWN, AS A RESULT OF MY REFUSAL OF SUCH SERVICES, TREATMENT, AND/OR TRANSPORTATION.

Patient signature: _____ Witness: _____
AIC (print) _____ INIT _____ Cert# _____
ATTENDANT (print) _____ INIT _____ Cert# _____
ATTENDANT (print) _____ INIT _____ Cert# _____
OPERATOR (print) _____ INIT _____ Cert# _____

Physician's Notes/Orders: _____ Signature: _____
Technician's Run Review Y/N • Physician's Run Review Y/N • Physician Name (print) _____

ATTACH EKG STRIPS TO PINK COPY

COPIES TO: WHITE - AGENCY • PINK - PATIENT'S CHART • YELLOW - DATA ENTRY • GOLDENROD - PHARMACY

HEALTH DEPARTMENT FORM

Invoice # _____ Incident in CITY ☐ COUNTY ☒ of:

Agency _____ Unit _____ Agency # _____

Pt. Location: _____

Location ID: _____

Receiving Hospital: _____

PATIENT

NAME: _____

Address _____

City/St: _____

Spouse _____

Office Address _____

Medicare # _____

Medicaid # _____

Resource # _____

Hx: ☐ Diabetes ☐ Heart Disease ☐ High BP ☐ Stroke ☐ COPD ☐ Psych ☐ Seizure ☐ TerminalAllergies: NONEMeds: NONE

Patient's Physician _____

Other Units _____

Fire _____

Law Officer _____

m m d d y y
TIMES (24 hour format)

H H M M

| | | | |
|---|---|---|---|
| 1 | 3 | 2 | 0 |
| 1 | 3 | 2 | 0 |
| 1 | 3 | 3 | 0 |
| 1 | 4 | 4 | 0 |
| 1 | 4 | 5 | 7 |
| 1 | 5 | 3 | 4 |

INCIDENT OCCURRE

CALL REC. BY AGEN

UNIT ENROUTE

ARRIVE/SCENE

LEAVE SCENE

ARRIVE/DESTINATION

LEAVE DESTINATION

TIME IN SERVICE

65905 END Mileage

65862 START Mileage

Total Mileage

This space is for your agency's use:

No LOC

| TIME | LEVEL OF CONSCIOUSNESS | RESPIRATION <input type="checkbox"/> assisted | PULSE | BP | SKIN | PUPILS | SCORES | CARDIAC RHYTHM |
|------|--|--|---|---|--|--|---------------------------------|----------------|
| | <input checked="" type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive | Rate 40 <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow Clear L.R. Rates L.R. Diminished L.R. Wheezing L.R. | <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> MAST | <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> MAST | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Warm | <input type="checkbox"/> Normal <input type="checkbox"/> R>L <input type="checkbox"/> DIL <input type="checkbox"/> Unreactive <input type="checkbox"/> L>R <input type="checkbox"/> CON <input type="checkbox"/> APGAR | GCS Trauma CRAMS APGAR | watt/sec: |
| | <input checked="" type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive | Rate 20 <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow Clear L.R. Rates L.R. Diminished L.R. Wheezing L.R. | <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> MAST | <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> MAST | <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Warm | <input type="checkbox"/> Normal <input type="checkbox"/> R>L <input type="checkbox"/> DIL <input type="checkbox"/> Unreactive <input type="checkbox"/> L>R <input type="checkbox"/> CON <input type="checkbox"/> APGAR | GCS Trauma CRAMS APGAR | watt/sec: |
| | <input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive | Rate <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow Clear L.R. Rates L.R. Diminished L.R. Wheezing L.R. | <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> MAST | <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> MAST | <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Warm | <input type="checkbox"/> Normal <input type="checkbox"/> R>L <input type="checkbox"/> DIL <input type="checkbox"/> Unreactive <input type="checkbox"/> L>R <input type="checkbox"/> CON <input type="checkbox"/> APGAR | GCS Trauma CRAMS APGAR | watt/sec: |
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| | <input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive | Rate <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow Clear L.R. Rates L.R. Diminished L.R. Wheezing L.R. | <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> MAST | <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> MAST | <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Warm | <input type="checkbox"/> Normal <input type="checkbox"/> R>L <input type="checkbox"/> DIL <input type="checkbox"/> Unreactive <input type="checkbox"/> L>R <input type="checkbox"/> CON <input type="checkbox"/> APGAR | GCS Trauma CRAMS APGAR | watt/sec: |

| TYPE OF CALL | MEDICAL COMPLAINT | SITE OF INJURY | L | enter the TRAUMA TYPE # | enter the TRAUMA TYPE # | R | TRAUMA TYPE # |
|---------------------|--------------------------|----------------|---|-------------------------|-------------------------|---|-------------------------|
| Accident/Farm | 1. Abdominal Distress | Abdomen, lower | | | | | 1 Abrasion |
| Accident/House | 2. Anaphylaxis | Abdomen, upper | | | | | 2 Amputation |
| Accident/Industrial | 3. Asthma | Ankle | | | | | 3 Bleeding/SEVERE |
| Accident/Marine | 4. Cardiac | Arm, lower | | | | | 4 Bleeding/Moderate |
| Accident/MVA | 5. Cardiac Arrest | Arm, upper | | | | | 5 Bleeding/MINOR |
| Accident/Sports | 6. Choking | Back, lower | | | | | 6 Blunt Trauma |
| Assault | 7. Cold Exposure | Back, upper | | | | | 7 Burn/Chemical |
| Bite/Sting | 8. Coma/Unconscious | Buttocks | | | | | 8 Burn/Electrical |
| Distressed Newborn | 9. Communicable Disease | Chest | | | | | 9 Burn/Thermal |
| DOA | 10. COPD | Ear | | | | | 10 Contusion |
| Drowning | 11. Diabetic Reaction | Eye | | | | | 11 Crush Injury |
| Fail | 12. Difficulty Breathing | Face | | | | | 12 Electrocutation |
| Fire | 13. Dizziness | Finger(s) | | | | | 13 Fall Chest |
| Gunshot Wound | 14. Drug Reaction | Foot | | | | | 14 Fx/Dislocation |
| Hazardous Materials | 15. Fever | Genitals | | | | | 15 Head Trauma |
| Medical Emergency | 16. Headache | Hand | | | | | 16 Internal Injuries |
| MUTUAL AID | 17. Heat Exposure | Head/Scalp | | | | | 17 Laceration |
| OB/Delivery | 18. Hypertension | Knee | | | | | 18 Pneumothorax |
| Overdose | 19. Nausea/Vomiting | Leg, lower | | | | | 19 Puncture |
| Poisoning | 20. OB/GYN | Leg, upper | | | | | 20 Soft Tissue Injuries |
| Psychiatric | 21. Pain | Mouth/Jaw | | | | | 21 Spinal Cord Injury |
| Stabbing | 22. Psychiatric | Neck | | | | | 22 Strain/Sprain |
| Substance Abuse | 23. Seizures/Convulsions | Pelvis | | | | | 23 Sucking Chest |
| Suicide | 24. Stroke/CVA | Shoulder | | | | | 24 Tension Pneumothorax |
| Transport/Critical | 25. Substance Abuse | Toe | | | | | 25 Other: |
| Transport/Routine | 26. Terminal Illness | Wrist | | | | | 26 Other: |
| Other: | 27. Other: | Other: | | | | | 27 Other: |

| PROCEDURES | |
|-------------------------|--------------------------|
| 1. O2 Nasal Cannula | RATE: 2 Min. 15 |
| 2. O2 Simple Mask | RATE: Min. |
| 3. O2 NRB Mask | RATE: Min. |
| 4. O2 Positive Pressure | A S CERTIFICATION NUMBER |
| 5. AED | |
| 6. AWY-Nasopharyngeal | |
| 7. AWY-Oropharyngeal | |
| 8. Airway Cleared | |
| 9. Assist Delivery | |
| 10. Bleeding Controlled | |
| 11. Chest Decompression | |
| 12. CPR | |
| 13. Cold Applied | |
| 14. Cricothyrotomy | |
| 15. Delib-Cardioversion | |
| 16. Endotr. Tube Size | |
| 17. EKG Monitor | |
| 18. EOA | |
| 19. EXT. Pacemaker | |
| 20. Extrication | |
| 21. Heart Lung Resus. | |
| 22. Heat Applied | |
| 23. ImmoB-Extremity | |
| 24. ImmoB-Spine | |
| 25. Induced Vomiting | |
| 26. M.A.S.T. | |
| 27. Nebulizer-hand held | |
| 28. NG Tube Size | |
| 29. PTL Airway | |
| 30. Bag-Valve-Mask | |
| 31. Other: | |

NEURO

Pupils _____
 LOC Alert
 Orientation X3
 Motor _____
 GCS _____
 TS _____
 Other exam arm
appt
fx.

CARDIOVASCULAR

Heart Sounds S2 muffled
 Rhythm 2:2
 Edema leg edema
 JVD _____
 Pulse/Quality strong
 Cap Refill 3
 Other _____

RESPIRATORY

Pattern nonlabored
 Breath Sounds _____
 Chest Excursion _____
 Cough _____
 Sputum Color/Char _____
 O2 Sat _____
 Oxygen _____
 Other Hx: Snore

GI/GU

ABD Soft non
distended
 Bowel Sounds BS
 LBM _____
 LMP _____
 Pregnant? _____
 Weight _____ Kg
 Other _____

SKIN

Color pale
 Moisture/Temp cool
 Turgor _____
 Other _____

PSYCHO/SOCIAL

Denies Difficulty ☐
 Lives alone ☐ Yes ☐ No
 If no, explain _____
 Family/Friend Available
☐ Yes ☐ No Who _____
☐ Insomniac ☐ Depression
☐ Nervousness ☐ Apprehensive
☐ Uncooperative
 Other _____
 Do you have any specific cultural or
 religious needs that your health care

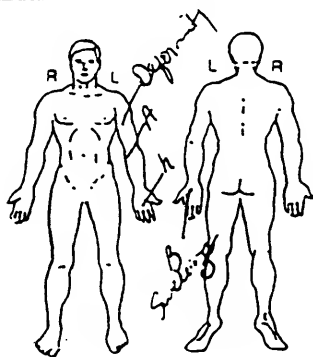
Time

PHYSIOCONTROL

1418 - LR 0970 Started 1st attempt @ hand
 #18 Angio. 500cc heparin given w/o. Rate now
 K10.

1451 - ECG performed. 2nd cath 8F performed
 Labs drawn. TO CR via squad fully
 packaged. Obvious deformity Lt humerus
 Lt hand edematous + swollen @ pulse
 Good ^{Sensation} sensation + movement. Denies pain.
 Splint applied

PCR performed. Monitor sinus rhythm.
 1620 - 2nd IV Started Rt forearm #18 2nd attempt
 16F Foley inserted ^{immediate} return 50cc yellow
 urine - sling 2 pillow/pu



A = Abrasion D = Decubitus W = Wound
 B = Bruise R = Rash

PROCEDURES

Cricothyrotomy _____ Report To _____
 Oxygen _____ NG _____ Sutures _____ Valuables _____
 Intubation _____ Foley _____ IV Fluid _____ Dressing _____
 Chest tube _____ G_P_A _____ EDC _____ FHT _____
 Crutch training _____ Side Rails _____
 ABG _____ RR _____ O2 _____ Intake _____ Output _____
 Cardiac Monitor _____ Transthoracic Pacer _____ Family Member Notified _____
 Defib _____

Signature:

Glasgow Coma Scale (Total Trauma Score 1-16)

Eye Spontaneous 4 Motor Obeys Command 6
 Opening To Voice 3 Response Localizes Pain 5
 None 2 Withdraw (Pain) 4
 Oriented 1 Flexion (Pain) 3
 Confused 5 Extension (Pain) 2
 Inapp Words 4 None 1
 Inapp Words 3 Total GCS Score 15

Trauma Score

Respiratory 10
 Rate 24-35/min 3 Blood 5
 Oxygen 10-100% 3
 Greater 2
 1-9/min 1
 None 0

EMERGENCY RECORD

☐ EMERGENCY☐ URGENT☐ NON-URGENTCODE ☐TX2 ☐ENT ☐GYN ☐CAST ☐OTHER ☐

NAME

ROOM #

MODE OF ARRIVAL

DATE

TRIAGE TIME (24 HR)

CHIEF COMPLAINT

ADDITIONAL NOTES

MEDICATIONS

ALLERGIES

SKIN TESTS

ADMISSION TIME (24 HR)

PULSE 90/10 150/77 O2 SAT WEIGHT 65.5 KG SKIN COLOR PALLOR CONDITION ON EVALUATION Good

TEMP 36.5 RESPIR 22

PAIN 0/10

PAIN 0/10

PAIN 0/10

PAIN 0/10

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TRIAGE

PHYSICIAN REPORT

18.0 < 8.5 140 102 12 < 114 ETOH 1.0

3.4 30 0.8 metatarsal, LFT @ a line 51

C-spine ↓ height C5 ant r/o fx @ 5th MT 4th proximal

/ ant for fracture evaluation

Mentor S2 + SDs +/- ST 110 Pectus

PAIN 0/10

PAIN 0/10

PAIN 0/10

PAIN 0/10

PAIN 0/10

PAIN 0/10

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PAIN 0/10

PAIN 0/10

PAIN 0/10

PAIN 0/10

PATIENT LOCATION ER

PATIENT NAME :
DATE OF BIRTH :
PHONE NUMBER :
ATTENDING PHYS: None/

DATE : 94
PATIENT # :
X-RAY # :
MED REC # :

EXAMINATIONS REQUESTED

1. Portable Chest
2. Cervical spine
3. Left forearm and hand

CLINICAL HISTORY

Trauma

The bony structures appear intact. The cardiac silhouette and mediastinum are within normal limits. No evidence of infiltrate or effusion.

IMPRESSION: No evidence of active cardiopulmonary disease.

Cervical spine - Single portable lateral projection was performed. Mild degenerative change is present. There is slight irregularity of the anterosuperior margin of the C5 vertebral body, recommend additional films of this area. An entire cervical spine series is recommended when clinically tolerated. Note is made of a rounded soft tissue mass projecting over the maxillary sinuses, likely representing a retention cyst. Sinus films may be helpful to further evaluate.

IMPRESSION: 1) Limited evaluation of cervical spine, demonstrating cortical irregularity at anterosuperior margin of C5, recommend complete cervical spine series to evaluate. 2) Probable retention cyst at maxillary sinus, sinus films may be helpful.

Left forearm and hand - Limited evaluation was performed which does not include a lateral view of the forearm, or complete views of the hand. Obliquely oriented fractures of the shaft of the proximal phalanx of the fourth finger, as well as the shaft of the fifth metacarpal are identified. No other fractures are identified. Complete evaluation of the hand and forearm are recommended with additional films.

IMPRESSION: Limited study, demonstrating oblique fractures of the shaft of the fifth metacarpal, as well as the shaft of the proximal phalanx of the fourth finger.

N

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FACILITY TO WHICH
OCCUPANT WAS TRANSFERRED AND HOSPITALIZED**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Hospitalized two days, left against medical advice
(CBS)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

X No

— Yes

(HP, DS)

Blood Alcohol Level
(mg/dl)

BAL = <.01

(LR)

Tested 5 hours post-crash

Glasgow Coma
Scale Score

GCSS = 15

(HP, DS)

Units of Blood
Given

Units =

Arterial Blood Gases

pH = 7.36 7.33 7.36

PO₂ = 60 62 47

PCO₂ = 54 55 57

HCO₃ = 29

(HP, (PN, (DS,
LR) LR) LR)

Head traumatic
(HP, DS)

CP shoulder pain
(CN)

Tender @ anterior chest wall
(HP, DS)

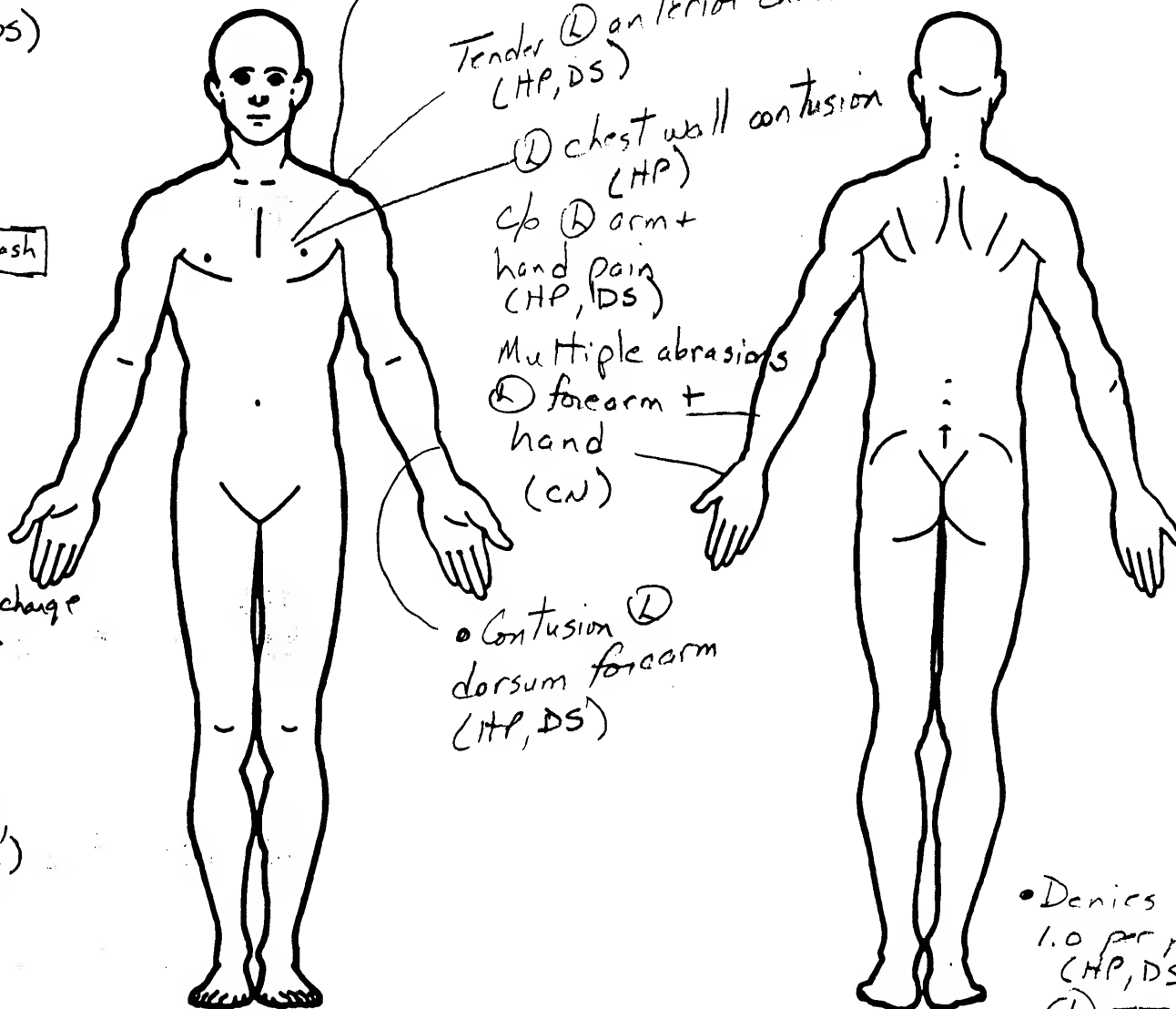
@ chest wall contusion
(HP)

CP @ arm +
hand pain
(HP, DS)

Multiple abrasions
@ forearm +
hand
(CN)

Contusion @
dorsum forearm
(HP, DS)

Denies ETOH, ETOH
1.0 per previous facility
(HP, DS)
+ ETOH driver
(CN)



OCCUPANT INJURY CLASSIFICATION

| Body Region | Specific Anatomic Structure | Level of Injury | Aspect |
|---|--|--|------------------|
| (1) Head | | Specific injuries are assigned consecutive two-digit numbers beginning with 02. | (1) Right |
| (2) Face | | | (2) Left |
| (3) Neck | <u>Vessels, Nerves, Organs.</u> | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (3) Bilateral |
| (4) Thorax | <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. | | (4) Central |
| (5) Abdomen | | The exceptions to this rule apply to: | (5) Anterior |
| (6) Spine | | | (6) Posterior |
| (7) Upper Extremity | | | (7) Superior |
| (8) Lower Extremity | | | (8) Inferior |
| (9) Unspecified | | | (9) Unknown |
| | | | (0) Whole region |
| Type of Anatomic Structure | <u>Whole Area</u> | | |
| (1) Whole Area | (02) Skin - Abrasion | Abbreviated Injury Scale | |
| (2) Vessels | (04) Skin - Contusion | | |
| (3) Nerves | (06) Skin - Laceration | (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity | |
| (4) Organs (includes Muscles/ligaments) | (08) Skin - Avulsion | | |
| (5) Skeletal (includes joints) | (10) Amputation | | |
| (6) Head - LOC | (20) Burn | | |
| (9) Skin | (30) Crush | | |
| | (40) Degloving | | |
| | (50) Injury - NFS | | |
| | (90) Trauma, other than mechanical | | |
| | <u>Head - LOC</u> | | |
| | (02) Length of LOC | | |
| | (04) Level | | |
| | (06) of | | |
| | (08) Consciousness | | |
| | (10) Concussion | | |
| | <u>Spine</u> | | |
| | (02) Cervical | | |
| | (04) Thoracic | | |
| | (06) Lumbar | | |

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

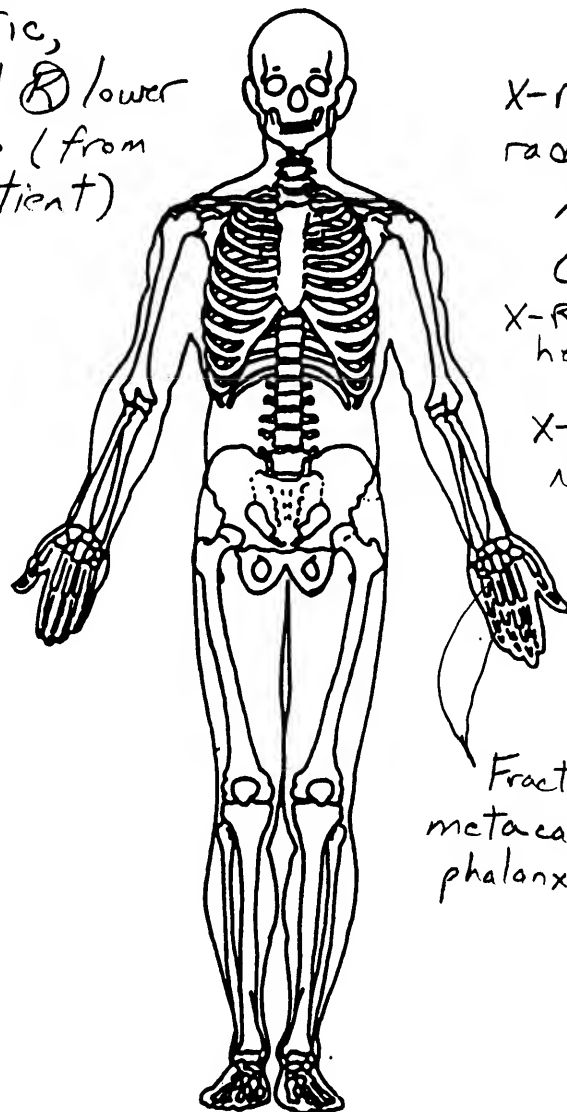
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Mouth/Throat:
• Atraumatic,
First + 2nd & lower
incisors loose (from
crash per patient)
(HP)



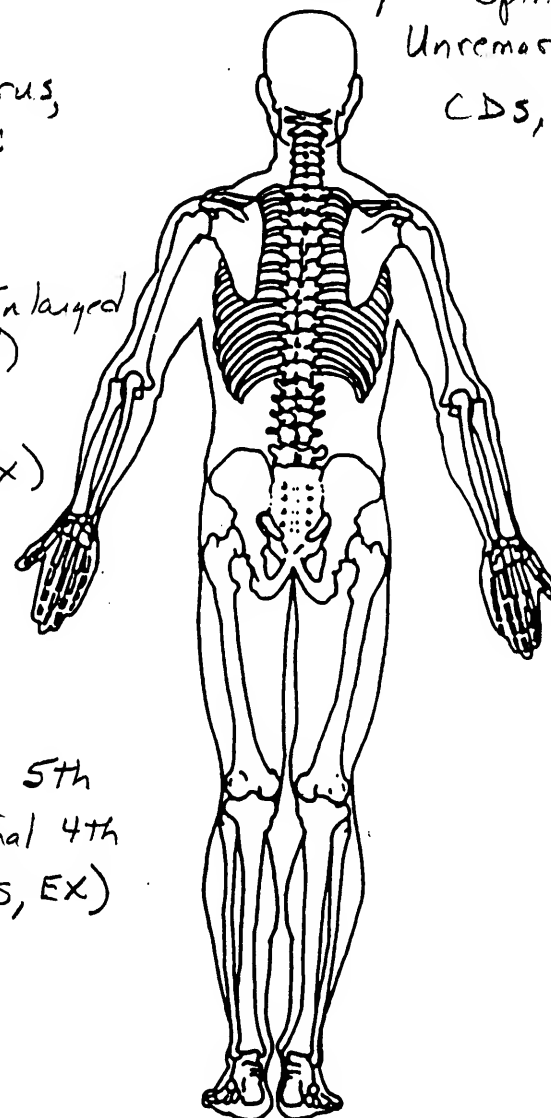
X-ray ② humerus,
radius, + ulna:
Negative
(HP)

X-Ray chest: Enlarged
heart (EX, PX)

X-ray Pelvis:
Negative (EX)

Fractures oblique 5th
metacarpal + proximal 4th
phalanx (CN, HP, DS, EX)

X-Ray C-Spine:
Unremarkable
(DS, EX)



INJURY SOURCES

- FRONT**
- (001) Windshield
(002) Mirror
(003) Sunvisor
(004) Steering wheel rim
(005) Steering wheel hub/spoke
(006) Steering wheel (combination of codes 004 and 005)
(007) Steering column, transmission selector lever, other attachment
(008) Cellular telephone or CB radio
(009) Add on equipment (e.g., tape deck, air conditioner)
(010) Left instrument panel and below
(011) Center instrument panel and below
(012) Right instrument panel and below
(013) Glove compartment door
(014) Knee bolster
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(017) Windshield reinforced by exterior object (specify):

(019) Other front object (specify):

LEFT SIDE
(051) Left side interior surface, excluding hardware or armrests
(052) Left side hardware or armrest
(053) Left A (A1/A2)-pillar
(054) Left B-pillar
(055) Other left pillar (specify):

(056) Left side window glass
(057) Left side window frame
(058) Left side window sill
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(060) Other left side object (specify):

RIGHT SIDE
(101) Right side interior surface, excluding hardware or armrests
(102) Right side hardware or armrest
(103) Right A (A1/A2)-pillar
(104) Right B-pillar
(105) Other right pillar (specify):

(106) Right side window glass
(107) Right side window frame
(108) Right side window sill
(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(110) Other right side object (specify):

INTERIOR
(151) Seat, back support
(152) Belt restraint webbing/buckle
(153) Belt restraint B-pillar or door frame attachment point
(154) Other restraint system component (specify):

(155) Head restraint system
(160) Other occupants (specify):

(161) Interior loose objects
(162) Child safety seat (specify):

(163) Other interior object (specify):

AIR BAG
(170) Air bag-driver side
(171) Air bag-driver side and eyewear
(172) Air bag-driver side and jewelry
(173) Air bag-driver side and object held
(174) Air bag-driver side and object in mouth
(175) Air bag compartment cover-driver side
(176) Air bag compartment cover-driver side and eyewear
(177) Air bag compartment cover-driver side and jewelry
(178) Air bag compartment cover-driver side and object held
(179) Air bag compartment cover-driver side and object in mouth
(180) Air bag-passenger side
(181) Air bag-passenger side and eyewear
(182) Air bag-passenger side and jewelry
(183) Air bag-passenger side and object held
(184) Air bag-passenger side and object in mouth
(185) Air bag compartment cover-passenger side
(186) Air bag compartment cover-passenger side and eyewear
(187) Air bag compartment cover-passenger side and jewelry
(188) Air bag compartment cover-passenger side and object held
(189) Air bag compartment cover-passenger side and object in mouth
(190) Other air bag (specify)

(195) Other air bag compartment cover (specify)

ROOF
(201) Front header
(202) Rear header
(203) Roof left side rail
(204) Roof right side rail
(205) Roof or convertible top

FLOOR
(251) Floor (including toe pan)
(252) Floor or console mounted transmission lever, including console
(253) Parking brake handle
(254) Foot controls including parking brake

REAR
(301) Backlight (rear window)
(302) Backlight storage rack, door, etc.
(303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT
(401) Hand controls for braking/acceleration
(402) Steering control devices (attached to OEM steering wheel)
(403) Steering knob attached to steering wheel
(405) Replacement steering wheel (i.e., reduced diameter)
(406) Joy stick steering controls
(407) Wheelchair tie-downs
(408) Modification to seat belts, (specify):

(409) Additional or relocated switches, (specify):

(410) Raised roof

(411) Wall mounted head rest (used behind wheel chair)
(412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE
(451) Hood
(452) Outside hardware (e.g., outside mirror, antenna)
(453) Other exterior surface or tires (specify):

(454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(501) Front bumper
(502) Hood edge
(503) Other front of vehicle (specify):

(504) Hood
(505) Hood ornament
(506) Windshield, roof rail, A-pillar
(507) Side surface
(508) Side mirrors
(509) Other side protrusions (specify):

(510) Rear surface
(511) Undercarriage
(512) Tires and wheels
(513) Other exterior of other motor vehicle (specify):

(514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(551) Ground
(598) Other vehicle or object (specify):

(599) Unknown vehicle or object

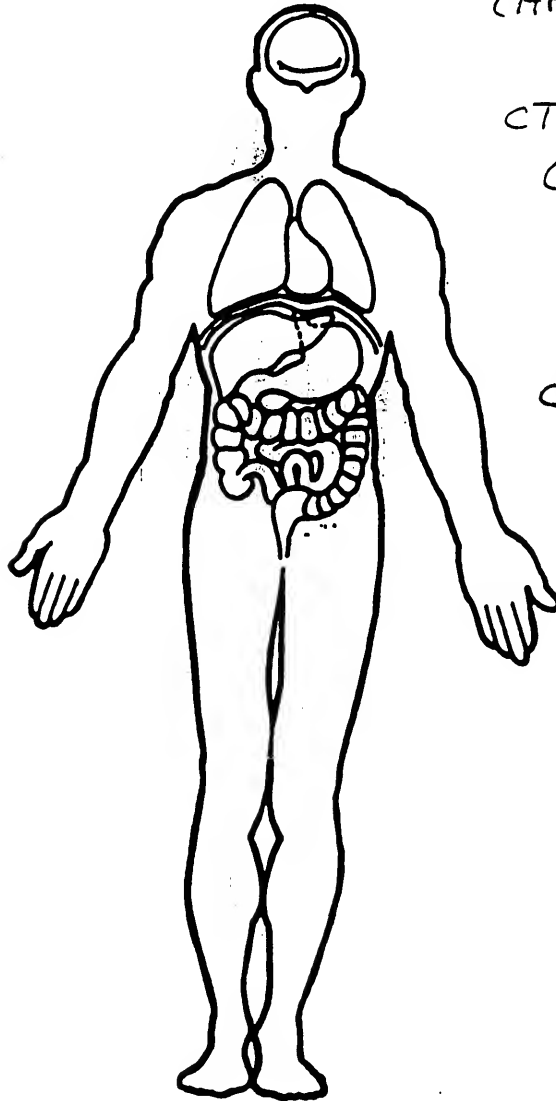
NONCONTACT INJURY
(601) Fire in vehicle
(602) Flying glass
(603) Other noncontact injury source (specify):

(604) Air bag exhaust gases
(697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

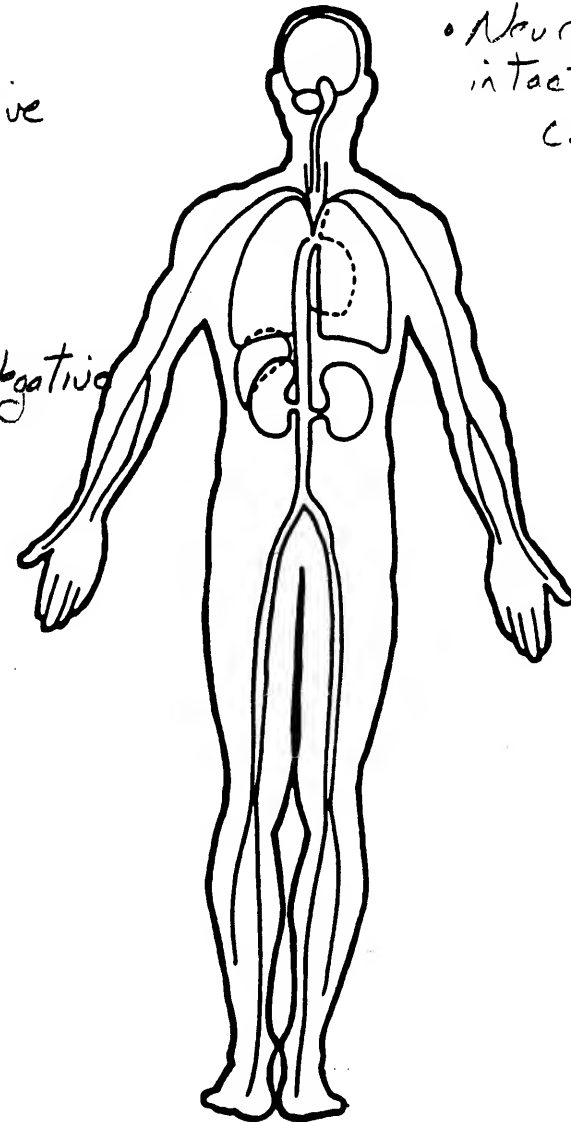
• Denies LOC
(HP, DS)



CT Head: Negative
(DS, EX)

CT Abdomen: Negative
(DS, EX)

• Ax 0x3 (HP, DS)



• Neurologically
intact
(DS)

CAUSE OF DEATH

BEST AVAILABLE

ICD-9-CM

815.00 Fracture metacarpel, Nos - closed
 816.01 Fracture mid proximal phalanx @ hand - closed
 922.1 Contusion of chest wall.

OTHER DRUGS (GV16)

| Specimen Test Type | Drug(s) | Drug Type |
|--|---|-----------|
| <input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input checked="" type="checkbox"/> Unspecified | Amphetamine Barbiturate Benzodiazepine Cannabinoids Cocaine Opiates Phenothiazine | Negative |

MEDICAL RECORD ABBREVIATIONS

| Symbol | Record Type Description |
|--------|--|
| A | Autopsy—medical information based upon an invasive examination of a body |
| ME | Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body |
| AR | Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available. |
| FS | Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above |
| DS | Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant |
| OS | Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related |
| FX | Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care |
| PN | Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission |
| HP | History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room |
| CN | Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission |
| ER | Emergency room report—where the author of this information is undefined |
| EN | Emergency room nurse—"nurse/complaint of" section on the emergency room report |
| ED | Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report) |
| NN | Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s) |
| EX | Radiographic records—taken during the patients stay in the emergency room |
| CV | Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author. |
| CR | Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner |
| ET | Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT) |
| O | Other source—medical information based on a other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine) |

LR = Laboratory Reports

GOLD ALERT (TRAUMA ALERT)
(circle one)

Patient's Name: _____

Age: 56 Sex: F

Date: _____

of Arrival: _____ AM

E.D. Physician: _____

Trauma Leader Attending: _____
Time called: _____

Senior Resident: _____

Time Called: _____ Time Arrived: _____ *- Here when called*

Anesthesia: _____ Time Called: _____ Time arrived _____

Contact Prior to Arrival: (Circle) RADIO PHONE OTHER NONEMode of Arrival: (Circle) AIR GROUND PRIVATEArrived From: Scene TransferEvent: (Circle) ATV BIKE BURN FALL GSW MVA PEDESTRIAN
STAB OTHER UNKNOWN

Discharged From ED: _____ AM/PM

Disposition: Circle All Applicable Choices

NICU RICU ICU CCU PICU FLOOR EXPIRED TRANSFERRED

DISCHARGED AMA OR OTHER _____ Room # _____

Admitting Service If Other Than Surgery: _____

Admitting MD If Other Than Team Leader: _____

CONTACTS:

Neurosurgery: Called _____ Responded by Phone _____ (Time)
Requested Promptly _____ Later Consult _____ Arrived _____ (Time)

Orthopedics: Called _____ Responded by Phone _____ (Time)
Requested Promptly _____ Later Consult _____ Arrived _____ (Time)

ENT: Called _____ Responded by Phone _____ (Time)
Requested Promptly _____ Later Consult _____ Arrived _____ (Time)

Other: _____

TRAUMA TEAM:

LAB _____
RADIOLO _____
RESPIRA _____
TRAUMA _____
PRIMARY _____
SECONDA _____
RECORDI _____IT IS THE RESPONSIBILITY OF THE RECORDING NURSE TO COMPLETE THIS
REGISTRY

PATIENT ID. INFO

CONSULTATION REQUESTED OF:

Ortho

M.D.

REASON FOR REQUEST:

Fx (L) hand

PRIVATE SERVICE:

CLINIC SERVICE:

ATTENDING M.D.

DATE

OPINION AND RECOMMENDATIONS:

56 yo @ ETOH drinker in mvt.

54-2 granddaughter killed.

Injured (L) dominant hand

PE - multiple abrasions (L) forearm
+ hand. Extension?Pain
Pain = passive extension
forearm soft

sen intact all n. distribution

Skin closed over fractures

XRay - long oblique fxs 5th metacarpal +
ring phalanx extracapsular
shortened 5mm each
5mm each

APJ Dorsal block splint

F/U films

Will follow - may require limited
ORIF in future

SIGNATURE

DATE

TRAUMA
HISTORY & PHYSICIAN

TIME
DATE

NAME :

SP. #

Surgical

Was patient a transfer? ☐

TREATMENT at other Ho ☐

WFS, X-rays

HISTORY: 56 yr old w/f involved in 2 vehicle
- & seatbelts. Grandkid in same vehicle

was a fatality @

Driver. Driver LOC.

Denies ETOH.

(ETOH 1.0 per report from

Only complaint is (L) Arm & hand pain
or Abd pain.

Tetanus given 45

ALLERGIES: NKDA

MEDS: fluid pills

PAST MED/SURG HISTORY:

Chronic Obstructive
Pulmonary Disease

Previous C-Section

PHYSICAL EXAM:

TEMP 99.7 B.P. 147/83 RESP 24 PULSE 92 (reg. / irreg.)HEAD AtraumaticEYES ECM 1 (3mm) PERRLEARS TM's ClearNOSE Atraumatic looseMOUTH / THROAT Atraumatic 1st + 2nd (B) lower incisors loose (bly trauma per pt.) Poor dentition.NECK Non tenderCHEST / LUNGS Good LBS (B) Tender (L) Ant. chest wall

BACK

HEART

ABDOMEN Soft NT Mild Abrased ? onMild Abrased streaks on AbdomenPELVIS Stable, NTGENITALS Atraumatic atraumaticRECTAL NST GUAIC (L)

| CIRCULATION: | Carotid | Radial | Fem | Pop | PT | DP |
|--------------|---------|--------|-----|-----|-----------|--------------------|
| Right | | 2+ | 2+ | | Lower Ext | Edm (B) < 2 sec CR |
| Left | | 2+ | 2+ | | | |

| EXTREMITIES: | Right Arm | Left Arm | Right Leg | Left Leg |
|--------------|-----------|--|-----------|----------|
| | okay | swollen painful Hand, contusion (L dorsum forearm) | okay | ↓ |

NEUROLOGICAL: Mental Status: A+Ox3

| Reflexes: | Biceps | Triceps | Brachrad | Knee | Ankle | Plant |
|-----------|--------|---------|----------|------|-------|-------|
| Right | 2+ | | | 2+ | | |
| Left | 2- | | | 2+ | | |

Sensory: Grossly intact x 4Motor: "Cranial Nerves: Intact

TRAUMA SCORE

| | <u>Value</u> | <u>Points</u> | <u>Score</u> |
|--------------------------|--------------|---------------|--------------|
| A. Respiratory Rate | 10 - 29 | 4 | |
| (Num. of respirations in | > 29 | 3 | |
| 15 sec x 4) | 6 - 9 | 2 | |
| | 1 - 5 | 1 | |
| | 0 | 0 | A <u>4</u> |

| | | | |
|----------------------------|---------|---|------------|
| B. Systolic Blood Pressure | > 89 | 4 | |
| | 76 - 89 | 3 | |
| | 50 - 75 | 2 | |
| | 1 - 49 | 1 | |
| | 0 | 0 | B <u>4</u> |

C. Glasgow Come Scale

| | | | | |
|--------------------------|------------------------|-----------|------------------|--------------|
| 1. Eye Opening | Spontaneous | <u>4</u> | | |
| | To Voice | <u>3</u> | <u>Total GCS</u> | <u>Score</u> |
| | To Pain | <u>2</u> | <u>Points</u> | |
| | None | <u>1</u> | 14-15 | <u>5</u> |
| 2. Verbal Response | Oriented | <u>5</u> | 11-13 | <u>4</u> |
| | Confused | <u>4</u> | 8-10 | <u>3</u> |
| | Inappropriate Words | <u>3</u> | 5-7 | <u>2</u> |
| | Incomprehensible Words | <u>2</u> | 3-4 | <u>1</u> |
| | None | <u>1</u> | | |
| 3. Motor Response | Obeys Commands | <u>6</u> | | |
| | Purposeful Movement | <u>5</u> | | |
| | Withdraws (pain) | <u>4</u> | | |
| | Flexion (pain) | <u>3</u> | | |
| | Extension (pain) | <u>2</u> | | |
| | None | <u>1</u> | | |
| Total GCS Points (1+2+3) | | <u>15</u> | | C <u>5</u> |

TRAUMA SCORE
(Total A + B + C)

13/13

LIS:

| | | | | | | | | |
|------|------|-----|-----|---------|------|-------|------|---------|
| WBC | 11.4 | mm | 139 | pH | 7.36 | PT | 11.8 | URINE: |
| HGB | 14.8 | K+ | 3.9 | pO2 | 60 | PTT | 24.2 | RBC |
| HCT | 43.8 | Cl | 103 | pCO2 | 54 | Pits. | 158 | WBC |
| | | CO2 | 31 | Bicarb | 29.0 | | | SG |
| ETOH | 0.0 | BUN | 12 | | | UDS: | | Ketones |
| | | BS | 127 | Amylase | 50 | | | Glucose |

X-RAY FINDINGS:

CHEST No Rx

CT SCAN

ABDOMEN

C-SPINE

EXTREMITIES

PELVIS

(L) Hand - 5th MCP Fr.
(L) Humerus / Radius / Ulna - 4th prox. phalanx.

EMERGENCY ROOM TREATMENT & PROCEDURES:

Peritoneal Lavage: yes no Gross Blood yes no RBC yes no (/ dl)
 Bili yes no WBC yes no Amylase yes no
 Transfusions: yes no Univ yes no Type spec yes no
 Consulting Services: ortho (Davis)

PROBLEM LIST:

SIP MVA

(1) (L) Hand Fr.

(2) (L) Chest wall contusion ? Hx COPD

PLAN:

Admit Bed
 (1) Admit to Stepdown monitor Bed
 (2) splint per ortho.

Time left ER:

| DATE | TIME | |
|------|------|--|
| | | 25 8° chest r |
| | | 1 st at turn 9V 8° pen |
| | | 8° order 4 |
| | | 41 st Consult Soc. Service for O/C planning |
| | | 41 st Respiratory Therapy for sicut mucous & treatment post oxygenation |
| | | now - 8° pen 8° - At 4:00 / poor oxygenation |
| | | Noted - |
| | | 41 st Folio #34 |
| | | 41 st 25 |
| | | 41 st 1/2 ABGs in 1 hr call to up (done) |
| | | Noted |
| | | U.S. - 1 st morning under for obstructive pulmonary disease 44 |
| | | Noted - |
| | | 12 ^{hour} Room Check |
| | | 12° order 4 |

DOCTORS ORDERS

DOCTORS ORDERS

Date | Time

BEST AVAILABLE

Turning

Decided

PT Feels well - Wants to go home

for ^{grand daughters} funeral

^{Pulmonary} Polar (Cattle) reading

PS unchanged

ABGs A/Gs on RA 2.36/57/47/81% - at comfortable

Discussed case c

PT wishes to ^{sign} out AMA -

is Aware of ^{risks} to her health, include death

Script Abromat/povental inhaler given

PT to follow up c

- to call on 1-3

PROGRESS NOTES

Date

Time

BEST AVAILABLE

Ortho

90 shoulder pain - will ✓ film
^{hand}
 hand in splint

acc

Trauma

Pt c/o shoulder pain - chronic in nature
 NO (hand) do

AFUSS

Heart: Rg Lungs: very ↓ Airflow, ⊕blt exp. wheezing

~~ASG~~
 ASG

7.33/62/55/86 %

followed

⊕ E COPD followed by Dr Quinn out pt.

desires home ^{home} O₂ -- tx's, chronic smoker

Pt very wheezy + tight, will benefit from Resp. tx

- Social issues : not ^{resolved} resolved where pt will go.

consult SS

PROGRESS NOTES

DISCHARGE SUMMARY

PATIENT:UNIT RECORD NO.:DATE OF ADMISSION:DATE OF DISCHARGE:

CC:

ADMISSION DIAGNOSIS:STATUS POST MOTOR VEHICLE ACCIDENT WITH
A FRACTURE OF THE LEFT HAND.FINAL DIAGNOSIS:

1. SIGNIFICANT CHRONIC OBSTRUCTIVE
PULMONARY DISEASE WITH CO2
RETENTION.
2. STATUS POST MOTOR VEHICLE ACCIDENT
WITH A LEFT FIFTH METACARPAL AND
FOURTH PROXIMAL PHALANX FRACTURE.

HISTORY OF ILLNESS:

The patient is a 56-year-old nondiabetic, nonhypertensive white female with a very long smoking history, who is involved in a two-vehicle motor vehicle accident without seatbelts. The patient's grandchild was in the same vehicle as this patient and was a fatality. This patient was the driver and she denied loss of consciousness, denied any ethanol use. Her complaints were of only left arm and hand pain. She was a transfer from

PHYSICAL EXAMINATION:

The patient's temperature was 99.7, pulse was 92 and regular, blood pressure was stable. Head was atraumatic. Eyes were equal with full movement. TMs were clear. Neck was nontender. Chest was tender in the anterior chest wall with hyperinflation of the lungs and marginal air movement. Abdomen was soft and nontender. Pelvis was stable. Genital rectal exam was normal. Extremities revealed a swollen, painful left hand and a contusion on the left dorsal forearm.

MENTAL STATUS EXAM:

The mental status was awake and alert. The patient was neurologically grossly intact. Glasgow coma scale was XV with trauma score of XIII. X-rays were performed which showed a fracture of the fifth metacarpal and proximal phalanx of the fourth digit of the left hand. These were set with closed reduction by the orthopedic service. CT scans of the head and abdomen were negative and the C-spine films were unremarkable.

PAGE 2

PATIENT:UNIT RECORD NO:HOSPITAL COURSE:

At this time the patient was admitted for observation following significant trauma. The patient had an uneventful hospital course, with the exception that she was markedly ~~acidotic~~ in her blood gases with CO2 retention. Blood gases on room air at discharge was pH 7.36, with PCO2 57 and PO2 47 and an O2 saturation of 81%. The patient at this time was comfortable. The patient was anxious to leave for home for the funeral of her granddaughter. It was explained to this patient that she could only be discharge against medical advice due to the severity of her lung disease. The patient did wish to do this. This was discussed with [redacted] and [redacted]. The patient was made aware of [redacted] office number and was encouraged to follow up for an appointment. The patient was instructed to call on [redacted]. The patient was also instructed to follow up with orthopedic clinic two weeks following discharge. A prescription for Atrovent and Proventil was given to the patient and she was advised to take Ibuprofen over the counter as directed p.r.n. for pain.

DATE:

[illegible]

BEST AVAILABLE

PATIENT NAME: PT # : MR#:
BIRTHDATE : AGE :
ADMIT DATE : DSCH DATE: DISP: AMA
INS 1 NAME : SELF PAY POLICY NO
TOTAL BAL : 5970.97
ATTENDING MD: LIC:
DRG ASSIGNED: 250 MDC 08M, FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE
PATIENT LOS : 2 AVG LOS : 004.1 OUTLIER: 026

| | |
|-----------------------------|--------------------------|
| PRINCIPAL DIAGNOSIS: 815.00 | FX METACARPAL NOS-CLOSED |
| MAJOR PROCEDURE : | |
| ADMITTING DIAGNOSIS: 815.00 | FX METACARPAL NOS-CLOSED |

| | | | |
|----|---|--------|--------------------------|
| DF | 1 | 815.00 | FX METACARPAL NOS-CLOSED |
| DF | 2 | 816.01 | FX MID/PRX PHAL, HAND-CL |
| DF | 3 | 922.1 | CONTUSION OF CHEST WALL |
| DF | 4 | 496 | CHR AIRWAY OBSTRUCT NEC |
| DF | 5 | 305.11 | TOBACCO ABUSE-CONTINUOUS |
| DF | 6 | V15.81 | HX OF PAST NONCOMPLIANCE |
| DF | 7 | E812.0 | MV COLLISION NOS-DRIVER |

NAME: [REDACTED] EXAM DATE: [REDACTED]
 ADDR: HC [REDACTED]
 D.O.B. [REDACTED] SS#: [REDACTED]
 AGE: 56Y SEX: F
 MR #: [REDACTED] PT TYPE: IA ADM#: [REDACTED]
 SERV: TRA CLINIC: [REDACTED]
 ORD DR: [REDACTED]
 ATTENDING DR. [REDACTED]
 DISCHARGE DATE: [REDACTED]

| EXAMINATION(s) | RAD CODE(s) | RMH CODE(s) | RMS ORD# | INV# |
|--------------------------|-------------|-------------|----------|------|
| CT HEAD WITHOUT CONTRAST | 70450 | 70450 | - 90002 | 14 |

CT HEAD WITHOUT CONTRAST
CLINICAL:

AUTO ACCIDENT

REPORT: HEAD CT SCAN PERFORMED WITHOUT CONTRAST ENHANCEMENT
 DATED

NO EVIDENCE OF VENTRICULAR ENLARGEMENT, MASS EFFECT OR ACUTE FOCAL INTRACRANIAL ABNORMALITIES ARE DISCERNIBLE.

NODULAR MUCOPERIOSTEAL THICKENING IS PRESENT WITHIN THE RIGHT
 MAXILLARY SINUS AND THROUGHOUT THE ETHMOID LABYRINTH, CONSISTENT
 WITH THE PRESENCE OF SINUSITIS. A 2 CM MUCOUS RETENTION CYST OR
 POLYP IS PRESENT WITHIN THE POSTERIOR INFERIOR ASPECT OF THE LEFT
 MAXILLARY ANTRUM.

NAME :

EXAM DATE :

ADDR: HC

SS#:

AGE:

SEX: F

PH #:

PT TYPE:

MR #:

ROOM:

ORD DR:

CLINIC:

ATTENDING DR.: ER PHYSICIAN,

EXAMINATION(s):

RAD CODE(s)

RMS CODE(s)

RMS ORD#

INV#

CT ABDOMEN WITH CONTRAST

74160

74160

- 90001

CT ABDOMEN WITH CONTRAST

CLINICAL:

AUTO ACCIDENT

REPORT: ABDOMINAL CT:

HISTORY IS FURNISHED OF AUTO TRAUMA.

THE CT SCAN SHOWS NO EVIDENCE OF TRAUMA TO THE INTRAABDOMINAL ORGANS WHICH INCLUDE THE RETROPERITONEAL ORGANS AND VASCULATURE. PELVIC IMAGES ARE NORMAL AND BONY SETTINGS OF THE PELVIS SHOW NO DEFINITE ABNORMALITY.

*Medical
Records*

NAME :

ADDR :

AGE :

PH # :

MR # :

SERIAL :

ORD DR :

ATTENDING :

SEX :

PT TYPE :

ROOM :

| EXAMINATION(s) : | RAD CODE(s) | RMH CODE(s) | RMS ORD# | INV# |
|--------------------|-------------|-------------|----------|------|
| L HAND PA-OBL-LAT | 73130 | 73130 | 90003 | 15 |
| CERVICAL 4 + VIEWS | 72050 | 72050 | 90003 | 16 |
| PELVIS AP | 72170 | 72170 | 90003 | 17 |
| CHEST PA | 71010 | 71010 | 90003 | 18 |

=====

HAND PA-OBL-LAT

CLINICAL: M.V.A.

REPORT: VIEWS OF THE LEFT HAND SHOW OBLIQUE FRACTURE THROUGH THE PROXIMAL PHALANX OF THE RING FINGER AND AN OBLIQUE FRACTURE THROUGH THE FIFTH METACARPAL. REMAINDER OF THE BONY STRUCTURES APPEAR TO BE INTACT.

CERVICAL 4 + VIEWS

CLINICAL: M.V.A.

REPORT: VIEWS SHOW THAT THE HEIGHT AND ALIGNMENT ARE INTACT. NO GROSS DISPLACEMENTS ARE SEEN. THE SPINAL LAMINAR LINE APPEARS TO BE INTACT. HOWEVER, IF THERE IS CLINICAL EVIDENCE OR SUSPICION OF INJURY TO THE CERVICAL SPINE FURTHER EVALUATION IS RECOMMENDED.

PELVIS AP

CLINICAL: M.V.A.

REPORT: AP VIEW SHOWS THE BONY PELVIS TO BE INTACT. NO FRACTURES ARE DEMONSTRATED.

CHEST PA

CLINICAL: M.V.A.

REPORT: AP RECUMBENT FILM SHOWS THE HEART TO BE ENLARGED. MEDIASTINUM IS UNREMARKABLE. BOTH LUNGS ARE WELL EXPANDED AND FREE OF ANY ACTIVE PROCESS.

(RXR)

MR # :

EXAM (DATE)

CONTINUED

PAGE 1

NAME:
ADDR:
D.O.B.
AGE:
PH #:
MR #:
SERV:
ORD DR:
ATTENDIN

EXAM DATE:

SS#:
SEX: F

PT TYPE:
ROOM

ADM#:

CLINIC:
DISCHARGE DATE:

NAME:

EXAM DATE

ADDR:

D.O.B.

AGE:

MR #:

SERV:

PT TYPE:

ADM#

ROOM:

CLINIC:

ORD DR:
ATTENDING

DISCHARGE DATE:

| EXAMINATION(s): | RAD CODE(s) | RMH CODE(s) | RMS ORD# | INV# |
|----------------------------|-------------|-------------|----------|------|
| PORTABLE CHEST AP ONLY | 71010 | 71010 | 90005 | 28 |
| ===== | | | | |
| PORTABLE CHEST AP ONLY | | | | |
| CLINICAL: PORT CXR BY 0600 | | | | |

REPORT: CHEST PORTABLE

, COMPARISON

THE HEART CONTINUES TO BE ENLARGED WITH INCREASED WITH RIGHT MEDIAL BASILAR DENSITY WHICH MAY BE A SMALL AREA OF INFLAMMATORY DISEASE. SOME DISCOID ATELECTATIC CHANGES ARE SEEN IN THE LEFT BASE. HILI AND MEDIASTINUM ARE NORMAL.

NAME:

EXAM DATE:

ADDR:

D.O.B.:

AGE:

PH #:

MR #:

SEX:

PT TYPE:

ROOM:

ORD DR:
ATTENDING

| EXAMINATION(s): | RAD CODE(s) | RMH CODE(s) | RMS ORD# | INV# |
|---------------------|-------------|-------------|----------|------|
| L HAND (POST. RED.) | 73120 | 73120 | 90004 | 19 |

=====

HAND (POST. RED.)

CLINICAL:

TRAUMA ALERT

REPORT: POST REDUCTION VIEWS AGAIN SHOW THE FRACTURE OF THE FIFTH METACARPAL AND THE PROXIMATE END OF THE RING FINGER. THERE IS SOME OVERLAPPING AND OVERRIDING OF THE FRACTURE FRAGMENTS. WHAT LITTLE SIGNIFICANT ANGULATION IS OTHERWISE SEEN.

NAME :
MR# :
ACCT# :

ADMISSION :
DISCHARGE :

***** HEMOGRAM *****

| | | | | | | | | |
|--------|----------|---------|-----------|-------|--------|-------|-------|-----------|
| TEST: | WBC | RBC | HGB | HCT | MCV | MCH | MCHC | RDW |
| UNITS: | K/mm3 | M/mm3 | G/DL | % | FL | PG | G/DL | % |
| LO-HI: | 4.8-10.8 | 4.2-5.4 | 12.0-16.0 | 37-47 | 80-100 | 27-31 | 33-37 | 11.5-14.5 |
| | 11.4H | 5.06 | 14.8 | 43.6 | 86.4 | 29.3 | 33.9 | 12.7 |

----- HEMOGRAM -----

| | | |
|--------|---------|----------|
| TEST: | PLT | MPV |
| UNITS: | K/mm3 | FL |
| LO-HI: | 130-400 | 7.4-10.4 |
| | 158 | 8.1 |

***** DIFFERENTIAL *****

| | | | | | |
|--------|-------|-------|------|-----|------|
| TEST: | SEGS | LYMPH | MONO | EO | BASO |
| UNITS: | % | % | % | % | % |
| LO-HI: | 50-70 | 20-40 | 2-8 | 0-5 | 0-2 |
| | 89H | 6L | 3 | 0 | 2 |

***** COAGULATION *****

| | | | | |
|--------|---------|---------|---------|---------|
| TEST: | PROTIME | PROTIME | PTT | PTT |
| | PATIENT | CONTROL | PATIENT | CONTROL |
| UNITS: | SEC | SEC | SEC | SEC |
| LO-HI: | 11-14 | | 24-36 | |
| | 11.8 | 12.2 | 24.2 | 30.3 |

***** ARTERIAL BLOOD GAS *****

| | | | | | |
|--------|-----------|-------|--------|------------|-------|
| TEST: | PH | PCO2 | PO2 | O2 | O2 |
| | | | | SATURATION | ADMIN |
| UNITS: | | MMHG | MMHG | % | |
| LO-HI: | 7.35-7.45 | 35-45 | 74-108 | 92-96 | |
| | 7.36 | 57H | 47L | 81L | 21 |
| | | | | | % |
| | 7.37 | 56H | 44C | 78L | 21 |
| | | | CALLF | | % |

((RESULTS CONTINUED ON NEXT PAGE))

---FOOTNOTES---

CALLF CALLED TO FLOOR

NAME :
MR# :
ACCT# :

DX :
ADMISSION :
DISCHARGE :

AGE :
DR :
RM# :

***** ARTERIAL BLOOD GAS *****

| | | | | | |
|--------|-----------|-------|--------|------------|-------|
| TEST: | PH | PCO2 | PO2 | O2 | O2 |
| | | | | SATURATION | ADMIN |
| UNITS: | | MMHG | MMHG | % | |
| LO-HI: | 7.35-7.45 | 35-45 | 74-108 | 92-96 | |

((CONTINUED FROM PREVIOUS PAGE))

| | | | | |
|-------|-----|-----|-----|-----|
| 7.33L | 62H | 55L | 86L | 2 |
| | | | | LPM |
| 7.36 | 54H | 60L | 90L | 4 |
| | | | | LPM |

***** CHEMISTRY 7 PROFILE *****

| | | | | | | | | | |
|--------|---------|---------|----------|-------|---------|-------|---------|------|-------|
| TEST: | SODIUM | POTASS | CHLORIDE | CO2 | GLUCOSE | BUN | CRET | ION | B/C |
| | | IUM | | | | | | GAP | RATIO |
| UNITS: | MEQ/L | MEQ/L | MEQ/L | MEQ/L | MG/DL | MG/DL | MG/DL | | |
| LO-HI: | 135-147 | 3.5-5.3 | 98-112 | 21-31 | 70-110 | 7-22 | 0.5-1.4 | 2-11 | 12-20 |
| | 139 | 3.9 | 103 | 31 | 127H | 12 | 0.8 | 5 | 15.0 |

----- CHEMISTRY 7 PROFILE -----

| | |
|--------|---------|
| TEST: | CALC |
| | OSM |
| UNITS: | MOS/KG |
| LO-HI: | 280-301 |
| | 279L |

***** PROFILE CHEMISTRY *****

| | | | |
|------------|----------|-------|------|
| DATE: | | | |
| TIME: | NORMALS | UNITS | 1755 |
| GLUCOSE | 70-110 | MG/DL | 127H |
| CREATININE | 0.5-1.4 | MG/DL | 0.8 |
| T PROTEIN | 6.0-8.3 | G/DL | 6.3 |
| ALBUMIN | 3.5-4.8 | G/DL | 3.5 |
| T BILI | 0.3-1.4 | MG/DL | 0.4 |
| ALK PHOS | 37-125 | IU/L | 59 |
| AST | 15-45 | IU/L | 19 |
| LD | 100-190 | IU/L | 180 |
| CHOL | <200 | MG/DL | 173 |
| CALCIUM | 8.5-10.5 | MG/DL | 8.4L |
| PHOS | 2.5-4.7 | MG/DL | 2.8 |
| URIC | 2.0-7.5 | MG/DL | 4.2 |

NAME :
MR# :
ACCT# :

DX: M.V.A.
ADMISSION:
DISCHARGE:

AGE:
DR :
RM# :

***** CHEMISTRY *****

TEST: AMYLASE
UNITS: IU/L
LO-HI: 25-130

50

***** BLOOD ALCOHOL AND DRUG SCREENS *****

| TEST: | BLOOD ALCOHOL | COLLECTING TECH ID | IODINE PREP USED? | AMPHETAMINE | BARBITURATE | BENZODIAZEPINE |
|--------|------------------|--------------------------|-------------------------|-------------|-------------|----------------|
| UNITS: | % | | | | | |
| LO-HI: | 0.000- 0.010 | | Y | NEG | NEG | NEG |

0.000 GR MD YES

***** BLOOD ALCOHOL AND DRUG SCREENS *****

| TEST: | CANNABINOIDS | COCAINE | OPIATES | PHENOTHIAZINE |
|--------|--------------|---------|---------|---------------|
| UNITS: | | | | |
| LO-HI: | NEG | NEG | NEG | NEG |

NEG NEG NEG NEG

***** URINALYSIS *****

| TEST: | SPECIMEN | APPEAR | SP GRAV | PH | PROTEIN | GLUCOSE MG/DL | KETONE MG/DL |
|--------|----------|--------|-----------------|---------|---------|------------------|-----------------|
| UNITS: | | | | | | | |
| LO-HI: | | | 1.005- 1.030 | 5.0-7.0 | NEG | NEG | NEG |

URINE, CLEAN CATCH (a) 1.015 7.0 NEG NEG NEG

---FOOTNOTES---

(a) YELLOW CLEAR

TO BE COMPLETED BY PHYSICIAN

Significant Laboratory and diagnostic results:

ABGs indicate hypoxemia, (O₂ retention) (CO₂)
Arterial blood gas (ABG) results:
Arterial blood gas (ABG) results:

ACTIVITY:

- ☐ Resume normal routine as tolerated
☒ Limited until follow-up office visit (describe)
Walking, climbing stairs (4 Arm)

☐ May NOT return to work/school until after follow-up office visit.

☐ May return to work/school before follow-up office visit

MEDICATIONS:

☐ Resume pre-hospital medications

☒ Listed below

☐ None prescribed

| Medication | Purpose | Amount | Frequency | Special Instructions Drug/Drug, Drug/Food Interactions |
|----------------------------------|----------------------------------|-----------------|------------|---|
| <u>Aspirin 81 mg tablet</u> | <u>Antiplatelet</u> | <u>1 tablet</u> | <u>QID</u> | |
| <u>Atorvastatin 20 mg tablet</u> | <u>Lipid lowering</u> | <u>1 tablet</u> | <u>QD</u> | |
| <u>2 bags of normal saline</u> | <u>As directed on OTC bottle</u> | | | <u>Use with care</u> |

HOW/WHEN TO OBTAIN FURTHER TREATMENT

FOLLOW UP PLAN:

☒ Return visit to office

☐ Consultation

Physician Signature

Date

Phone No.

REFERRALS AND POST HOSPITAL

ARRANGEMENTS

☐ Not Applicable

☐ Home Health

☒ Other (Specify)
Ortho Clinic - call

☐ Social Services

Signature

Signature

Signature

☐ Nutrition Services

Signature

TO BE COMPLETED BY NURSE

☐ Not Applicable

☐ Incision Wound Care (Specify)

☐ Other (Specify)
Call

ADDITIONAL INSTRUCTIONS

☒ Appliances/Supplies
Arm sling

☐ Non-Standard (copy attached)

Call Ortho Clinic for
Appt. in 2 weeks.

FUNCTIONAL STATUS (ADL)

☐ Able to do own care

☐ Unable to do own care

☐ Family to resume pre-hospital care

☒ Family instructed in new post-hospital care

UNDERSTANDING

I have received and understand home care instructions as described above.

Signature of Patient or Person Responsible for Care (relationship to patient)

Date

Signature (RN/LPN)

Date

DISCHARGED

Date

Time

Accompanied by

Via

To (location)

Personal belongings returned

☒ Clothes

☐ Meds

☐ Valuables

RN/LPN/PCA/US

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FOLLOW-UP PHYSICIAN VISITS**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

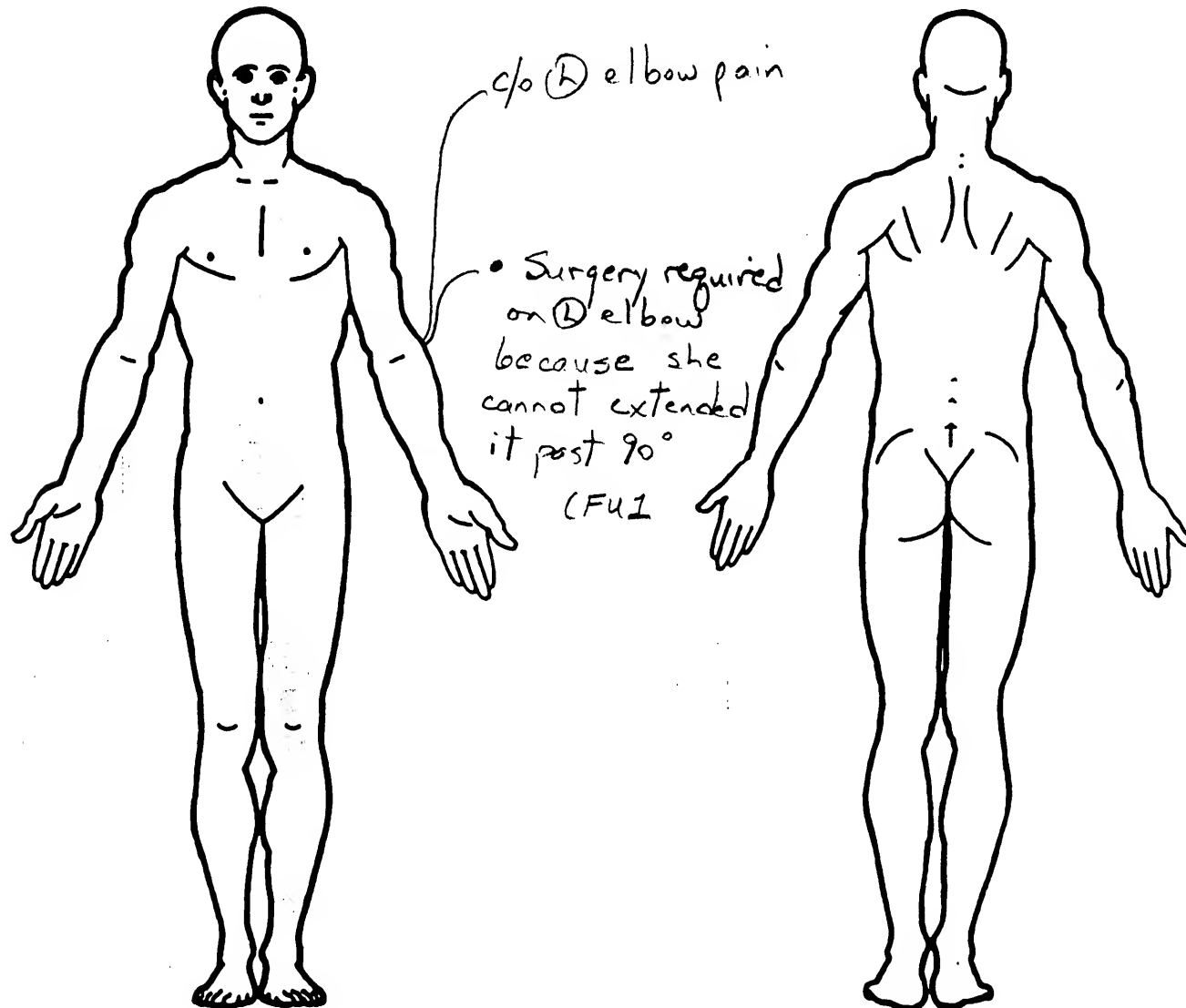
Arterial Blood Gases

pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___



OCCUPANT INJURY CLASSIFICATION

| Body Region | Specific Anatomic Structure | Level of Injury | Aspect |
|---|--|--|------------------|
| (1) Head | | Specific injuries are assigned consecutive two-digit numbers beginning with 02. | (1) Right |
| (2) Face | | | (2) Left |
| (3) Neck | | | (3) Bilateral |
| (4) Thorax | | | (4) Central |
| (5) Abdomen | <u>Vessels, Nerves, Organs.</u> | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (5) Anterior |
| (6) Spine | <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. | | (6) Posterior |
| (7) Upper Extremity | | | (7) Superior |
| (8) Lower Extremity | | | (8) Inferior |
| (9) Unspecified | The exceptions to this rule apply to: | | (9) Unknown |
| | | | (0) Whole region |
| Type of Anatomic Structure | Whole Area | | |
| (1) Whole Area | (02) Skin - Abrasion | Abbreviated Injury Scale | |
| (2) Vessels | (04) Skin - Contusion | | |
| (3) Nerves | (06) Skin - Laceration | | |
| (4) Organs (includes Muscles/ligaments) | (08) Skin - Avulsion | | |
| (5) Skeletal (includes joints) | (10) Amputation | (1) Minor Injury | |
| (6) Head - LOC | (20) Burn | (2) Moderate Injury | |
| (9) Skin | (30) Crush | (3) Serious Injury | |
| | (40) Degloving | (4) Severe Injury | |
| | (50) Injury - NFS | (5) Critical Injury | |
| | (90) Trauma, other than mechanical | (6) Maximum (untreatable) | |
| | | (7) Injured, unknown severity | |
| | <u>Head - LOC</u> | | |
| | (02) Length of LOC | | |
| | (04) Level | | |
| | (06) of | | |
| | (08) Consciousness | | |
| | (10) Concussion | | |
| | <u>Spine</u> | | |
| | (02) Cervical | | |
| | (04) Thoracic | | |
| | (06) Lumbar | | |

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

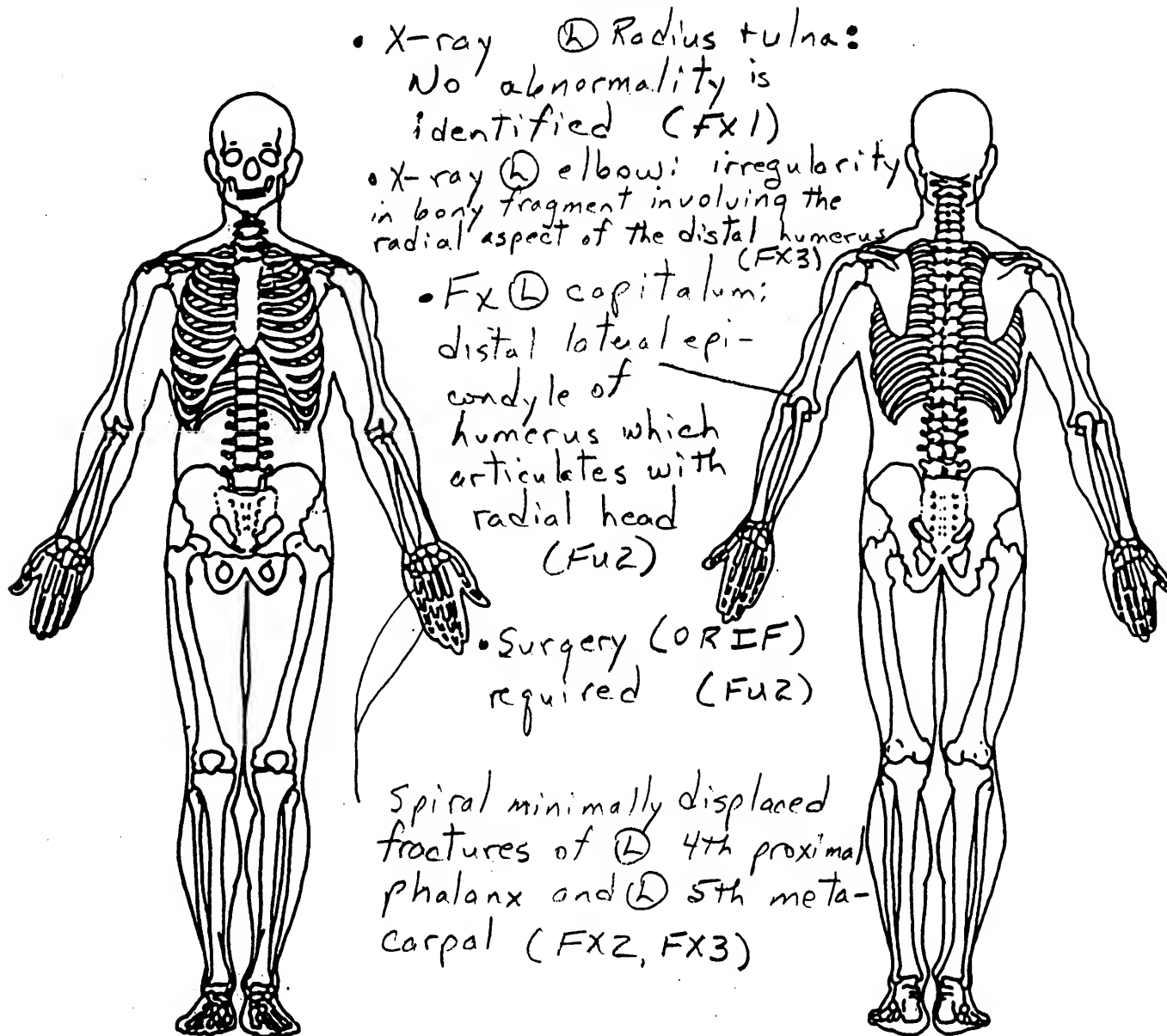
- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

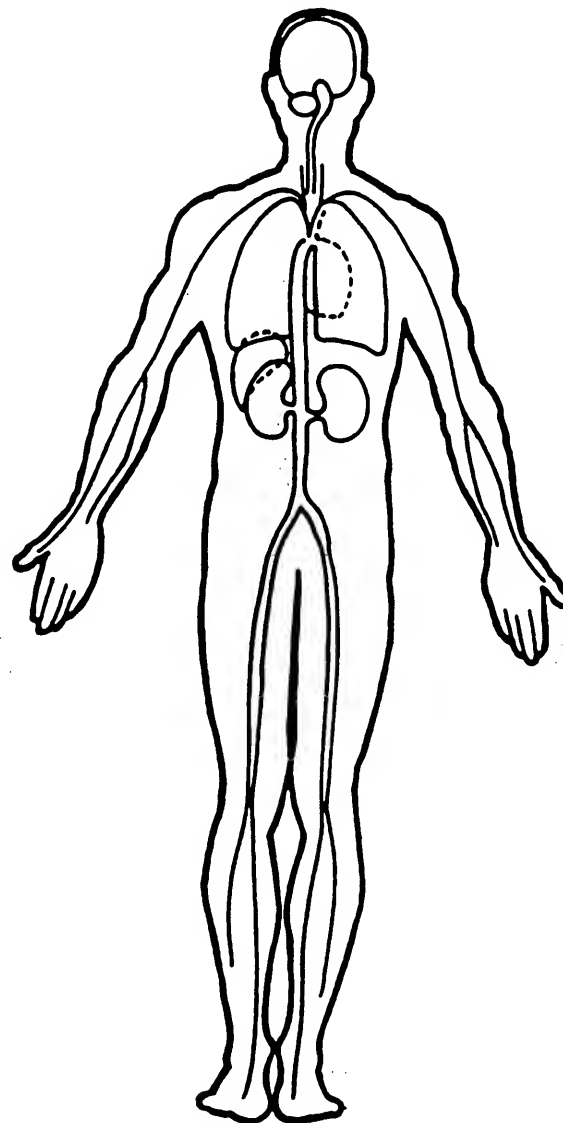
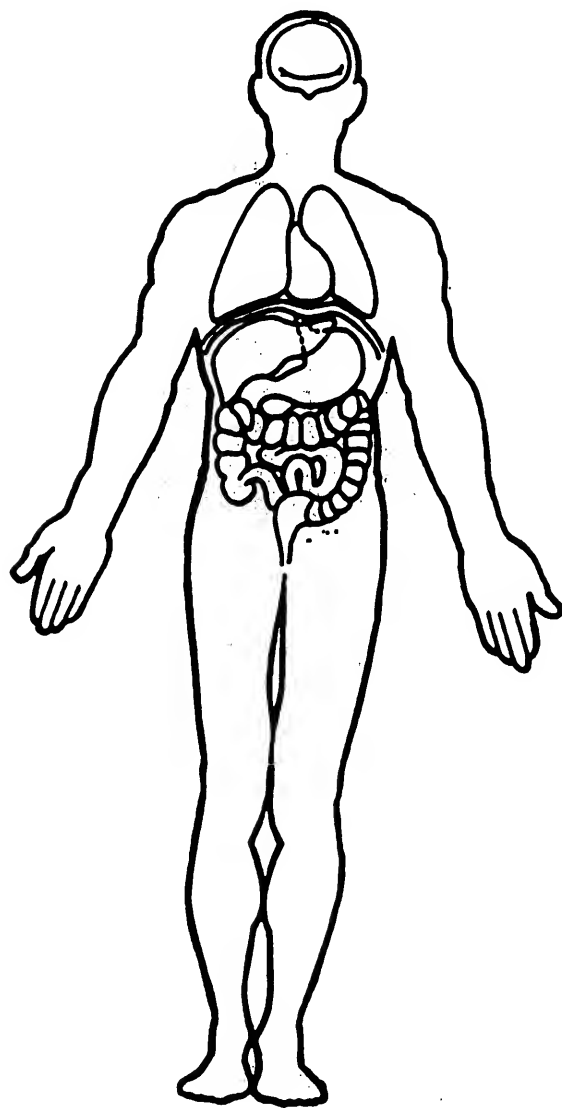


INJURY SOURCES

| | | | |
|--|--|--|--|
| FRONT | | | |
| (001) Windshield | (102) Right side hardware or armrest | (183) Air bag-passenger side and object held | (411) Wall mounted head rest (used behind wheel chair) |
| (002) Mirror | (103) Right A (A1/A2)-pillar | (184) Air bag-passenger side and object in mouth | (412) Other adaptive device (specify): _____ |
| (003) Sunvisor | (104) Right B-pillar | (185) Air bag compartment cover-passenger side | |
| (004) Steering wheel rim | (105) Other right pillar (specify): _____ | (186) Air bag compartment cover-passenger side and eyewear | EXTERIOR OF OCCUPANT'S VEHICLE |
| (005) Steering wheel hub/spoke | (106) Right side window glass | (187) Air bag compartment cover-passenger side and jewelry | (451) Hood |
| (006) Steering wheel (combination of codes 004 and 005) | (107) Right side window frame | (188) Air bag compartment cover-passenger side and object held | (452) Outside hardware (e.g., outside mirror, antenna) |
| (007) Steering column, transmission selector lever, other attachment | (108) Right side window sill | (189) Air bag compartment cover-passenger side and object in mouth | (453) Other exterior surface or tires (specify): _____ |
| (008) Cellular telephone or CB radio | (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. | (190) Other air bag (specify) _____ | (454) Unknown exterior objects |
| (009) Add on equipment (e.g., tape deck, air conditioner) | (110) Other right side object (specify): _____ | (195) Other air bag compartment cover (specify) _____ | EXTERIOR OF OTHER MOTOR VEHICLE |
| (010) Left instrument panel and below | | | (501) Front bumper |
| (011) Center instrument panel and below | INTERIOR | | (502) Hood edge |
| (012) Right instrument panel and below | (151) Seat, back support | | (503) Other front of vehicle (specify): _____ |
| (013) Glove compartment door | (152) Belt restraint webbing/buckle | | |
| (014) Knee bolster | (153) Belt restraint B-pillar or door frame attachment point | ROOF | (504) Hood |
| (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only) | (154) Other restraint system component (specify): _____ | (201) Front header | (505) Hood ornament |
| (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only) | (155) Head restraint system | (202) Rear header | (506) Windshield, roof rail, A-pillar |
| (017) Windshield reinforced by exterior object (specify) _____ | (160) Other occupants (specify): _____ | (203) Roof left side rail | (507) Side surface |
| | (161) Interior loose objects | (204) Roof right side rail | (508) Side mirrors |
| | (162) Child safety seat (specify): _____ | (205) Roof or convertible top | (509) Other side protrusions (specify): _____ |
| | (163) Other interior object (specify): _____ | FLOOR | |
| (019) Other front object (specify): _____ | | (251) Floor (including toe pan) | (510) Rear surface |
| | AIR BAG | (252) Floor or console mounted transmission lever, including console | (511) Undercarriage |
| LEFT SIDE | (170) Air bag-driver side | (253) Parking brake handle | (512) Tires and wheels |
| (051) Left side interior surface, excluding hardware or armrests | (171) Air bag-driver side and eyewear | (254) Foot controls including parking brake | (513) Other exterior of other motor vehicle (specify): _____ |
| (052) Left side hardware or armrest | (172) Air bag-driver side and jewelry | REAR | (514) Unknown exterior of other motor vehicle |
| (053) Left A (A1/A2)-pillar | (173) Air bag-driver side and object held | (301) Backlight (rear window) | OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT |
| (054) Left B-pillar | (174) Air bag-driver side and object in mouth | (302) Backlight storage rack, door, etc. | (551) Ground |
| (055) Other left pillar (specify): _____ | (175) Air bag compartment cover-driver side | (303) Other rear object (specify): _____ | (598) Other vehicle or object (specify): _____ |
| | (176) Air bag compartment cover-driver side and eyewear | ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT | (599) Unknown vehicle or object |
| (056) Left side window glass | (177) Air bag compartment cover-driver side and jewelry | (401) Hand controls for braking/acceleration | NONCONTACT INJURY |
| (057) Left side window frame | (178) Air bag compartment cover-driver side and object held | (402) Steering control devices (attached to OEM steering wheel) | (601) Fire in vehicle |
| (058) Left side window sill | (179) Air bag compartment cover-driver side and object in mouth | (403) Steering knob attached to steering wheel | (602) Flying glass |
| (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. | (180) Air bag-passenger side | (405) Replacement steering wheel (i.e., reduced diameter) | (603) Other noncontact injury source (specify): _____ |
| (060) Other left side object (specify): _____ | (181) Air bag-passenger side and eyewear | (406) Joy stick steering controls | (604) Air bag exhaust gases |
| | (182) Air bag-passenger side and jewelry | (407) Wheelchair tie-downs | (697) Injured, unknown source |
| RIGHT SIDE | | (408) Modification to seat belts, (specify): _____ | |
| (101) Right side interior surface, excluding hardware or armrests | | (409) Additional or relocated switches, (specify): _____ | |
| | | (410) Raised roof | |

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

BEST AVAILABLE

ICD-9-CM

OTHER DRUGS (GV16)

| Specimen Test Type | Drug(s) | Drug Type |
|---|---------|-----------|
| <input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified | | |

MEDICAL RECORD ABBREVIATIONS

| Symbol | Record Type Description |
|--------|--|
| A | Autopsy—medical information based upon an invasive examination of a body |
| ME | Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body |
| AR | Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available. |
| FS | Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above |
| D6 | Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant |
| OS | Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency room related |
| FX | Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care |
| FN | Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission |
| HP | History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room |
| CN | Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission |
| ER | Emergency room report—where the author of this information is undefined |
| EN | Emergency room nurse—"nurse/complaint of" section on the emergency room report |
| ED | Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report) |
| NN | Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s) |
| EX | Radiographic records—taken during the patients stay in the emergency room |
| CV | Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author. |
| CR | Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner |
| ET | Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT) |
| O | Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine) |

Fu = Follow-up Medical Records
 Fx = Follow-up Imaging Records

This 56 year old white female came to see me for evaluation of lung problems post admission to the hospital in to trauma service with a car accident with a severe injury to her left arm which is going to require surgery on the left elbow because she cannot extend it past 90°. In this accident her granddaughter was killed after a truck cut over in front of her. She still has a lot of grief reaction. She signed out from hospital to attend her granddaughter's funeral. She has given up smoking since that time and has cleared up her lungs a good deal. She was a two pack a day cigarette smoker for 30 years before that. She has been on an Atrovent inhaler but mistakenly was given Albuterol solution instead of inhaler by pharmacy so has not been using it at home. She is not coughing up any purulent sputum at this time. She does have some limitation to exercise. She has not had any PFT's.

 apparently discussed the case with by phone when she was in the hospital.

O: She has no significant inflammation in throat. She has mild congestion in nose. Her neck has no adenopathy. Her lungs have decreased air movement with no significant wheezes or rales. Her heart is regular. Her abdomen is benign. She has no edema or clubbing. Her peripheral pulses are intact. She does have an inability to extend left elbow beyond 90° but has full flexion. There is no distinct tenderness or inflammation of elbow. Her pulmonary function tests show moderate obstruction with an FEV₁ equal to 1.4 liters or 56% of predicted.

A: Moderate COPD. *Chronic obstructive Pulmonary Disease*

P: We will give her a Ventolin inhaler to use instead of Albuterol solution and add this to Atrovent inhaler which she will continue pre-op. This amount of function says that she has a mildly increased pulmonary risk from general anesthesia but if it would be needed it could be accomplished even though regional anesthesia would give her the least risk from a pulmonary standpoint, if this could be done. I have discussed these findings with her and she will be seen in the for them to decide about surgery from here. Follow-up prn.

| <u>EXAMINATION(s):</u> | <u>RAD CODE(s)</u> | <u>RMH CODE(s)</u> | <u>RMS ORD#</u> | <u>INV#</u> |
|------------------------|--------------------|--------------------|-----------------|-------------|
| L FOREARM | 73090 | 73090 | 90006 | 1 |

FOREARM

CLINICAL: F/U FX

REPORT: LEFT FOREARM WITH PLASTER DORSAL SPLINT, INCLUDING
ELBOW AND WRIST:

THE RADIUS AND ULNA APPEAR NORMAL WITHOUT EVIDENCE OF FRACTURE,
DISLOCATION OR PATHOLOGICAL DESTRUCTIVE PROCESS. NO ABNORMALITY IS
IDENTIFIED.

is a 56-year-old who fell on and suffered a fracture of her left distal fifth metacarpal and fourth middle phalanx. She has done well with respect to these fractures but presents complaining of left elbow pain and inability to fully extend her elbow.

On physical examination she is neurovascularly intact. She has about 140 degrees of extension. X-rays revealed a capitalum fracture.

The patient's condition was discussed with her. Operative risks and nonoperative treatment were discussed at length and she elected to undergo surgery for this. She will have open reduction and internal fixation or excision of the fragment. Of note, the patient has emphysema and has an appointment this Friday to be evaluated for that. We have sent a letter requesting a preoperative statement from her physician regarding her fitness for surgery. We will see her back in the clinic next week.

| <u>EXAMINATION(s):</u> | <u>RAD CODE(s)</u> | <u>RMH CODE(s)</u> | <u>RMS ORD#</u> | <u>INV#</u> |
|------------------------|--------------------|--------------------|-----------------|-------------|
| L HAND PA-OBL-LAT | 73130 | 73130 | 90007 | 2 |
| L FOREARM | 73090 | 73090 | 90007 | 3 |

FOREARM

CLINICAL: F/U FX

REPORT: LEFT FOERARM INCLUDING ELBOW AND WRIST, PLUS LEFT HAND:

THERE ARE SPIRAL MINIMALLY DISPLACED FRACTURES OF THE PROXIMAL PHALANX OF THE LEFT RING FINGER AND OF THE LEFT FIFTH METACARPAL. THE FRACTURE MARGINS REMAINED DISTINCT AND THERE IS NO SIGNIFICANT CALLUS FORMATION OF HEALING.

MINIMAL DEGENERATIVE CHANGES ARE PRESENT IN THE DIP JOINTS OF THE SECOND THROUGH FIFTH DIGITS.

THERE ARE BONY IRREGULARITIES ALONG THE MEDIAL ASPECT OF THE HUMERUS SUGGESTING OLD TRAUMA. OTHERWISE THE FOREARM IS NORMAL IN APPEARANCE.

SPIRAL FRACTURES OF THE PROXIMAL PHALANX OF THE LEFT RING FINGER AND OF THE LEFT FIFTH METACARPAL.

FX2

| <u>EXAMINATION(s):</u> | <u>RAD CODE(s)</u> | <u>RMH CODE(s)</u> | <u>RMS ORD#</u> | <u>INV#</u> |
|------------------------|--------------------|--------------------|-----------------|-------------|
| L ELBOW 1-2 VIEWS | 73070 | 73070 | 90008 | 1 |
| L HAND PA-OBL-LAT | 73130 | 73130 | 90008 | 3 |

=====

ELBOW 1-2 VIEWS
CLINICAL: FX LT. WRIST

REPORT: VIEWS OF THE LEFT ELBOW WERE OBTAINED AND COMPARED TO A FOREARM STUDY DATED IRREGULARITY IN BONY FRAGMENT INVOLVING THE RADIAL ASPECT OF THE DISTAL HUMERUS IS IDENTIFIED, SECONDARY TO PRIOR FRACTURE. IT IS UNCHANGED IN POSITION AND ALIGNMENT FROM THE PRIOR STUDY.

HAND PA-OBL-LAT

CLINICAL:

REPORT: VIEWS OF THE LEFT HAND WERE OBTAINED AND COMPARED TO A STUDY DATED SPIRAL FRACTURES INVOLVING THE PROXIMAL PHALANX OF THE 4TH DIGIT AS WELL AS THE 5TH METACARPAL ARE IDENTIFIED. THE POSITION / ALIGNMENT OF THE FRACTURE FRAGMENTS IS UNCHANGED. THERE CONTINUES TO BE MINIMAL OVERRIDE AT BOTH FRACTURE SITES. THERE IS NOW SOME HEALING CALLUS FORMATION IDENTIFIED AT BOTH FRACTURE SITES.

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9610

3. Vehicle Number 01

4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 04

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 117

Code actual height to the nearest
centimeter.

(999) Unknown

46 inches X 2.54 = 117 centimeters

8. Occupant's Weight 023

Code actual weight to the nearest
kilogram.

(999) Unknown

40 pounds X .4536 = 18 Driver
50 pounds X .4536 = 23 kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 9

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

Normal per interview
Kneeling or standing
for vehicle #2's
driver (based on reported
kinematics)

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

1

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 9

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☒ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function 0

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of + 996

Delta V For Air Bag Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 3

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 3

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 96

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 96
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

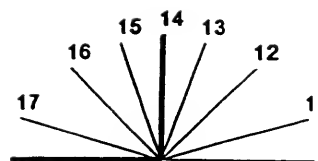
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints PER photos
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat PER photos
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat PER photos
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 9
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
 Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 14

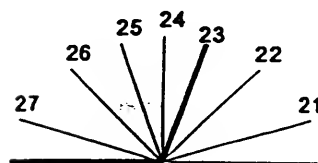
- (00) Occupant not seated or no seat
 (01) Not adjustable

*Per interviewee****Upright prior to impact***

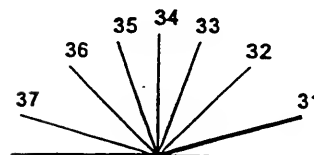
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 9

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 01

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 08

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal 7 hours
 (96) Fatal - ruled disease 40 minutes
 (99) Unknown

67. 1st Medically Reported Cause of Death 0568. 2nd Medically Reported Cause of Death 0169. 3rd Medically Reported Cause of Death 02

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 12

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 03

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 2

(1) No - blood not given

(2) Yes - blood given

(specify units): 2 Units of
 (9) Unknown if blood given least

73. Arterial Blood Gases (ABG) - HCO₃ 06

- (00) Not injured lowest
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

Base Excess = -26

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 2

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9610

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

| Source of Injury Data | Body Region | A.I.S. - 90 | | | | Injury Source | Injury Confidence Level | Direct/Indirect Injury | Occupant Area Intrusion Number | | |
|--------------------------------------|---------------|----------------------------|-----------------------------|-----------------|-----------------|---------------|-------------------------|------------------------|--------------------------------|---------------|----------------|
| | | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | | | | | | |
| Concussion with coma 1st | 5. <u>2</u> | 6. <u>1</u> | 7. <u>6</u> | 8. <u>08</u> | 9. <u>24</u> | 10. <u>5</u> | 11. <u>0</u> | 12. <u>180</u> | 13. <u>1</u> | 14. <u>1</u> | 15. <u>00</u> |
| Cerebral edema 2nd | 16. <u>2</u> | 17. <u>1</u> | 18. <u>4</u> | 19. <u>06</u> | 20. <u>72</u> | 21. <u>4</u> | 22. <u>3</u> | 23. <u>180</u> | 24. <u>1</u> | 25. <u>1</u> | 26. <u>00</u> |
| Intraventricular hemorrhage 3rd | 27. <u>2</u> | 28. <u>1</u> | 29. <u>4</u> | 30. <u>06</u> | 31. <u>78</u> | 32. <u>4</u> | 33. <u>3</u> | 34. <u>180</u> | 35. <u>1</u> | 36. <u>1</u> | 37. <u>00</u> |
| Subarachnoid hemorrhage 4th | 38. <u>2</u> | 39. <u>1</u> | 40. <u>4</u> | 41. <u>06</u> | 42. <u>84</u> | 43. <u>3</u> | 44. <u>9</u> | 45. <u>180</u> | 46. <u>1</u> | 47. <u>1</u> | 48. <u>00</u> |
| Atlanto-Occipital Dislocation 5th | 49. <u>2</u> | 50. <u>6</u> | 51. <u>5</u> | 52. <u>02</u> | 53. <u>08</u> | 54. <u>2</u> | 55. <u>6</u> | 56. <u>180</u> | 57. <u>1</u> | 58. <u>1</u> | 59. <u>00</u> |
| Fx, nondisplaced parietal 6th | 60. <u>2</u> | 61. <u>1</u> | 62. <u>5</u> | 63. <u>04</u> | 64. <u>02</u> | 65. <u>2</u> | 66. <u>2</u> | 67. <u>201</u> | 68. <u>3</u> | 69. <u>1</u> | 70. <u>99</u> |
| Laceration R lobe of Liver 7th | 71. <u>2</u> | 72. <u>5</u> | 73. <u>4</u> | 74. <u>18</u> | 75. <u>20</u> | 76. <u>2</u> | 77. <u>1</u> | 78. <u>151</u> | 79. <u>2</u> | 80. <u>1</u> | 81. <u>99</u> |
| Retroperitoneal hemorrhage 8th | 82. <u>2</u> | 83. <u>5</u> | 84. <u>4</u> | 85. <u>28</u> | 86. <u>00</u> | 87. <u>3</u> | 88. <u>8</u> | 89. <u>697</u> | 90. <u>9</u> | 91. <u>7</u> | 92. <u>99</u> |
| Contusion forehead 9th | 93. <u>3</u> | 94. <u>2</u> | 95. <u>9</u> | 96. <u>04</u> | 97. <u>02</u> | 98. <u>1</u> | 99. <u>7</u> | 100. <u>180</u> | 101. <u>2</u> | 102. <u>1</u> | 103. <u>00</u> |
| Laceration Tongue 10th | 104. <u>3</u> | 105. <u>2</u> | 106. <u>4</u> | 107. <u>34</u> | 108. <u>02</u> | 109. <u>1</u> | 110. <u>8</u> | 111. <u>180</u> | 112. <u>1</u> | 113. <u>1</u> | 114. <u>00</u> |

[illegible]

BODY DIAGRAMS AND MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Beneath inflated
air bag
(FR)

Restrained?

☒ No (ET, ER, FR)
☐ Yes

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS = 3 T
(FR)

Units of Blood
Given

Units = 1
whole blood
(NN)

Arterial Blood Gases

pH = 6.92 6.81

PO₂ = 85 39.2

PCO₂ = 35 52

HCO₃ = 7 8

LER, IM (ER, IM,
lowest) FR-
Initial)

Not wearing seatbelt
(ET, FR)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Pt reportedly found on floor board
on front passenger's side under dash squard member (ET)

(ET, ER, FR)

⊕ Facial Swelling
(FR)

• No res, no blood (ER)

• Blood in nose (FR)

• Neck very tight
(NN)

Contusion ⊕ forehead without deformity (ER)

• bleeding from mouth due to biting of tongue
(ET, NN)

• Subcutaneous air to neck + upper chest
(FR)

• No visible abdominal trauma, stable pelvis
(ER)

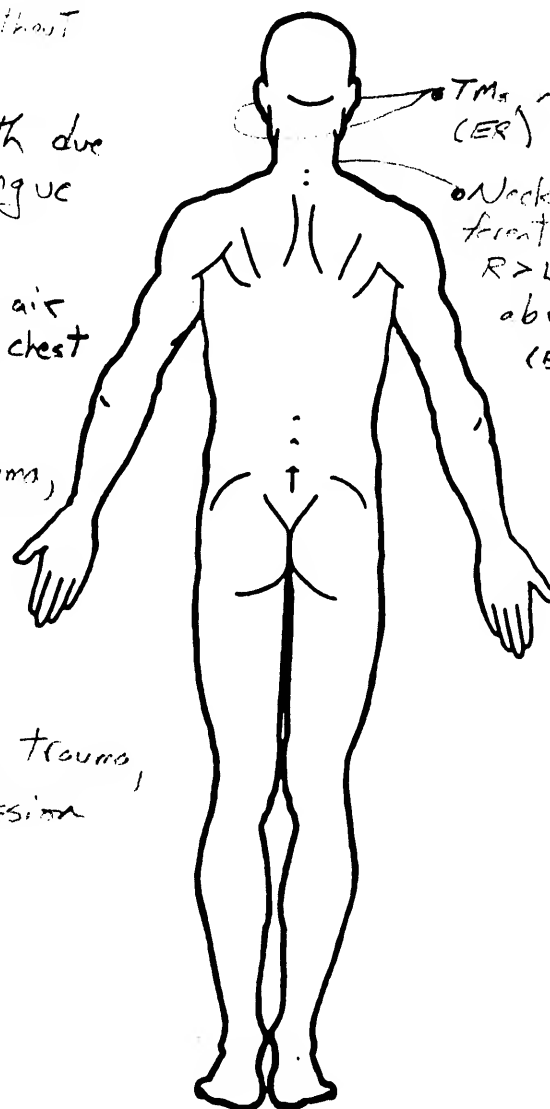
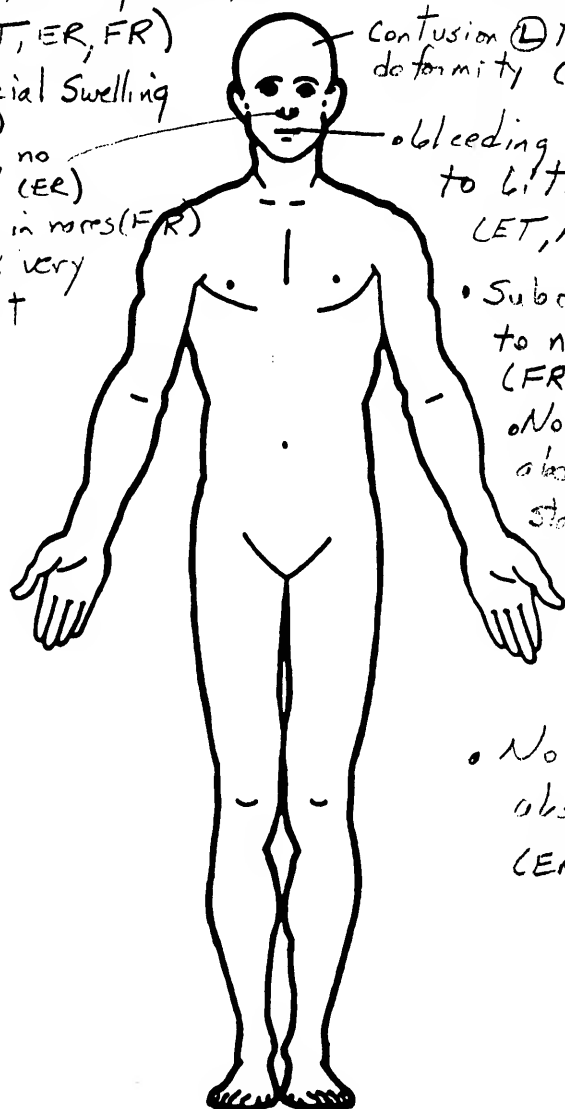
• No extremity trauma, absent perfusion
(ER)

• Pt removed from vehicle by bystander, CPR in progress on arrival (ET)

• Pt not removed from vehicle by any means

• TM, no blood (ER)

• Neck: circumferential edema, R>L, with abrasions
(ER)



OCCUPANT INJURY CLASSIFICATION

| Body Region | Specific Anatomic Structure | Level of Injury | Aspect |
|---|--|--|------------------|
| (1) Head | | Specific injuries are assigned consecutive two-digit numbers beginning with 02. | (1) Right |
| (2) Face | | | (2) Left |
| (3) Neck | <u>Vessels, Nerves, Organs.</u> | | (3) Bilateral |
| (4) Thorax | <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. | | (4) Central |
| (5) Abdomen | | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (5) Anterior |
| (6) Spine | | | (6) Posterior |
| (7) Upper Extremity | | | (7) Superior |
| (8) Lower Extremity | | | (8) Inferior |
| (9) Unspecified | The exceptions to this rule apply to: | | (9) Unknown |
| | | | (0) Whole region |
| Type of Anatomic Structure | Whole Area | | |
| (1) Whole Area | (02) Skin - Abrasion | | |
| (2) Vessels | (04) Skin - Contusion | | |
| (3) Nerves | (06) Skin - Laceration | | |
| (4) Organs (includes Muscles/ligaments) | (08) Skin - Avulsion | | |
| (5) Skeletal (includes joints) | (10) Amputation | | |
| (6) Head - LOC | (20) Burn | | |
| (9) Skin | (30) Crush | | |
| | (40) Degloving | | |
| | (50) Injury - NFS | | |
| | (90) Trauma, other than mechanical | | |
| | <u>Head - LOC</u> | | |
| | (02) Length of LOC | | |
| | (04) Level | | |
| | (06) of | | |
| | (08) Consciousness | | |
| | (10) Concussion | | |
| | <u>Spine</u> | | |
| | (02) Cervical | | |
| | (04) Thoracic | | |
| | (06) Lumbar | | |

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

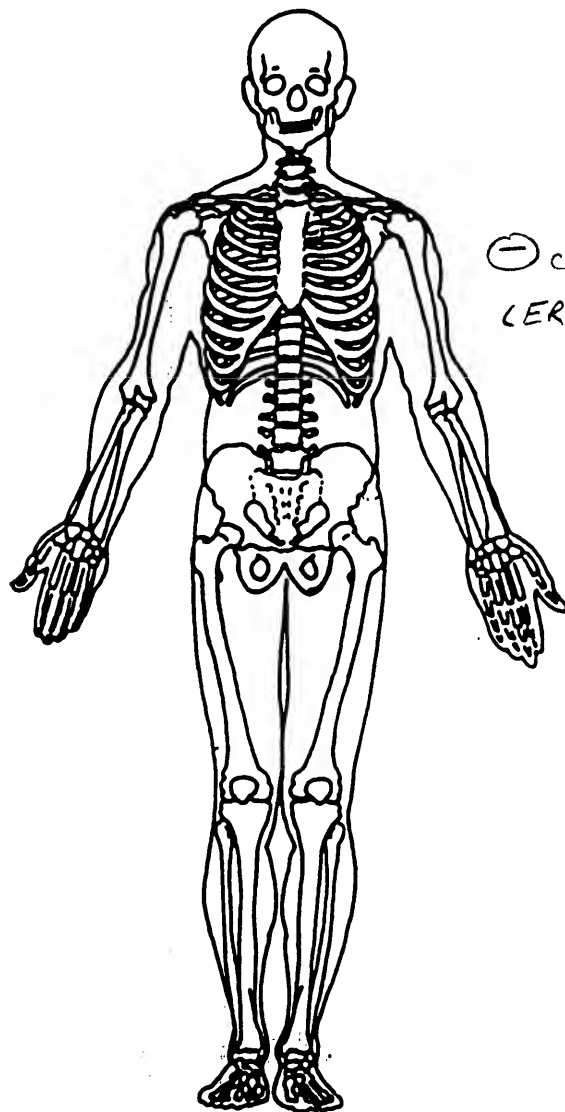
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

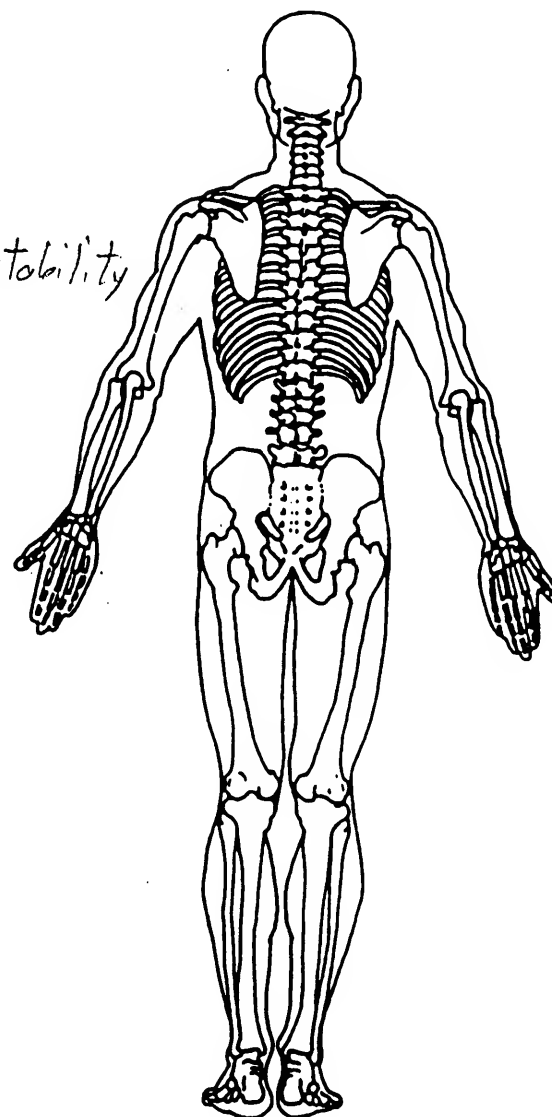
OFFICIAL INJURY DATA — SKELETAL INJURIES

Weight 20 kg (FR)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



⊖ chest wall instability
(ER)



INJURY SOURCES

| | | | |
|--|--|--|--|
| FRONT | | | |
| (001) Windshield | (102) Right side hardware or armrest | (183) Air bag-passenger side and object held | (411) Wall mounted head rest (used behind wheel chair) |
| (002) Mirror | (103) Right A (A1/A2)-pillar | (184) Air bag-passenger side and object in mouth | (412) Other adaptive device (specify): _____ |
| (003) Sunvisor | (104) Right B-pillar | (185) Air bag compartment cover-passenger side | |
| (004) Steering wheel rim | (105) Other right pillar (specify): _____ | (186) Air bag compartment cover-passenger side and eyewear | EXTERIOR of OCCUPANT'S VEHICLE |
| (005) Steering wheel hub/spoke | (106) Right side window glass | (187) Air bag compartment cover-passenger side and jewelry | (451) Hood |
| (006) Steering wheel (combination of codes 004 and 005) | (107) Right side window frame | (188) Air bag compartment cover-passenger side and object held | (452) Outside hardware (e.g., outside mirror, antenna) |
| (007) Steering column, transmission selector lever, other attachment | (108) Right side window sill | (189) Air bag compartment cover-passenger side and object in mouth | (453) Other exterior surface or tires (specify): _____ |
| (008) Cellular telephone or CB radio | (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. | (190) Other air bag (specify) _____ | (454) Unknown exterior objects |
| (009) Add on equipment (e.g., tape deck, air conditioner) | (110) Other right side object (specify): _____ | (195) Other air bag compartment cover (specify) _____ | EXTERIOR OF OTHER MOTOR VEHICLE |
| (010) Left instrument panel and below | INTERIOR | | (501) Front bumper |
| (011) Center instrument panel and below | (151) Seat, back support | | (502) Hood edge |
| (012) Right instrument panel and below | (152) Belt restraint webbing/buckle | | (503) Other front of vehicle (specify): _____ |
| (013) Glove compartment door | (153) Belt restraint B-pillar or door frame attachment point | ROOF | (504) Hood |
| (014) Knee bolster | (154) Other restraint system component (specify): _____ | (201) Front header | (505) Hood ornament |
| (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only) | (155) Head restraint system | (202) Rear header | (506) Windshield, roof rail, A-pillar |
| (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only) | (160) Other occupants (specify): _____ | (203) Roof left side rail | (507) Side surface |
| (017) Windshield reinforced by exterior object (specify) _____ | (161) Interior loose objects | (204) Roof right side rail | (508) Side mirrors |
| | (162) Child safety seat (specify): _____ | (205) Roof or convertible top | (509) Other side protrusions (specify): _____ |
| (019) Other front object (specify): _____ | (163) Other interior object (specify): _____ | FLOOR | (510) Rear surface |
| | AIR BAG | (251) Floor (including toe pan) | (511) Undercarriage |
| LEFT SIDE | (170) Air bag-driver side | (252) Floor or console mounted transmission lever, including console | (512) Tires and wheels |
| (051) Left side interior surface, excluding hardware or armrests | (171) Air bag-driver side and eyewear | (253) Parking brake handle | (513) Other exterior of other motor vehicle (specify): _____ |
| (052) Left side hardware or armrest | (172) Air bag-driver side and jewelry | (254) Foot controls including parking brake | (514) Unknown exterior of other motor vehicle |
| (053) Left A (A1/A2)-pillar | (173) Air bag-driver side and object held | REAR | OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT |
| (054) Left B-pillar | (174) Air bag-driver side and object in mouth | (301) Backlight (rear window) | (551) Ground |
| (055) Other left pillar (specify): _____ | (175) Air bag compartment cover-driver side | (302) Backlight storage rack, door, etc. | (598) Other vehicle or object (specify): _____ |
| (056) Left side window glass | (176) Air bag compartment cover-driver side and eyewear | (303) Other rear object (specify): _____ | (599) Unknown vehicle or object |
| (057) Left side window frame | (177) Air bag compartment cover-driver side and jewelry | ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT | NONCONTACT INJURY |
| (058) Left side window sill | (178) Air bag compartment cover-driver side and object held | (401) Hand controls for braking/acceleration | (601) Fire in vehicle |
| (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. | (179) Air bag compartment cover-driver side and object in mouth | (402) Steering control devices (attached to OEM steering wheel) | (602) Flying glass |
| (060) Other left side object (specify): _____ | (180) Air bag-passenger side | (403) Steering knob attached to steering wheel | (603) Other noncontact injury source (specify): _____ |
| | (181) Air bag-passenger side and eyewear | (405) Replacement steering wheel (i.e., reduced diameter) | (604) Air bag exhaust gases |
| RIGHT SIDE | (182) Air bag-passenger side and jewelry | (406) Joy stick steering controls | (697) Injured, unknown source |
| (101) Right side interior surface, excluding hardware or armrests | | (407) Wheelchair tie-downs | |
| | | (408) Modification to seat belts, (specify): _____ | |
| | | (409) Additional or relocated switches, (specify): _____ | |
| | | (410) Raised roof | |

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Eyes: Fixed dilated, + unreactive
@ scene + in transport
(ET, ER)

• No spontaneous respirations
(ER, NN)

• Pupils fixed + dilated, no pulse,
(NN)

• ϕ neuro
(ER)

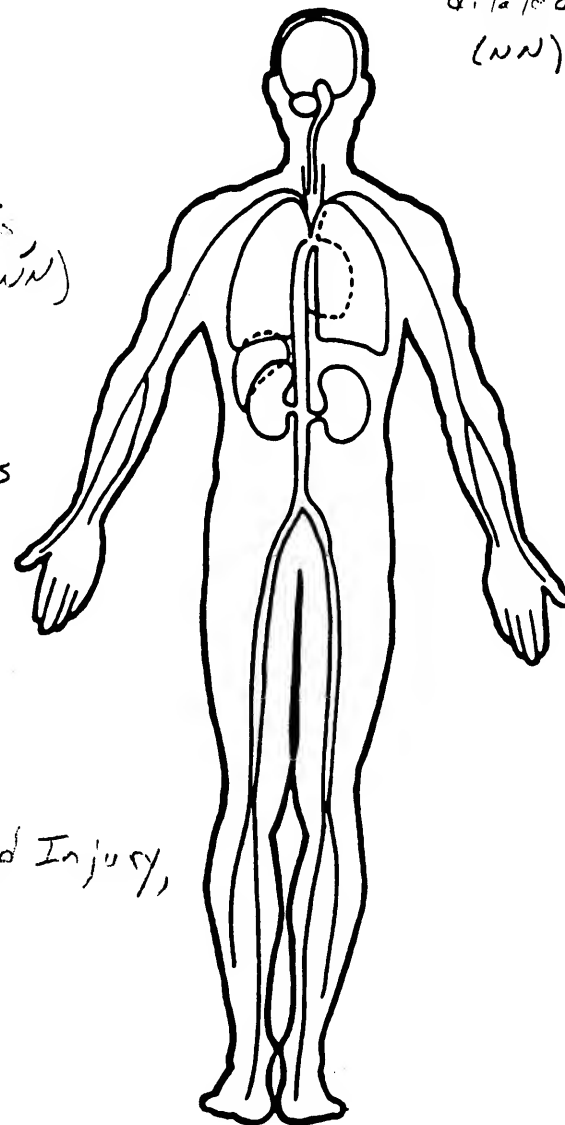
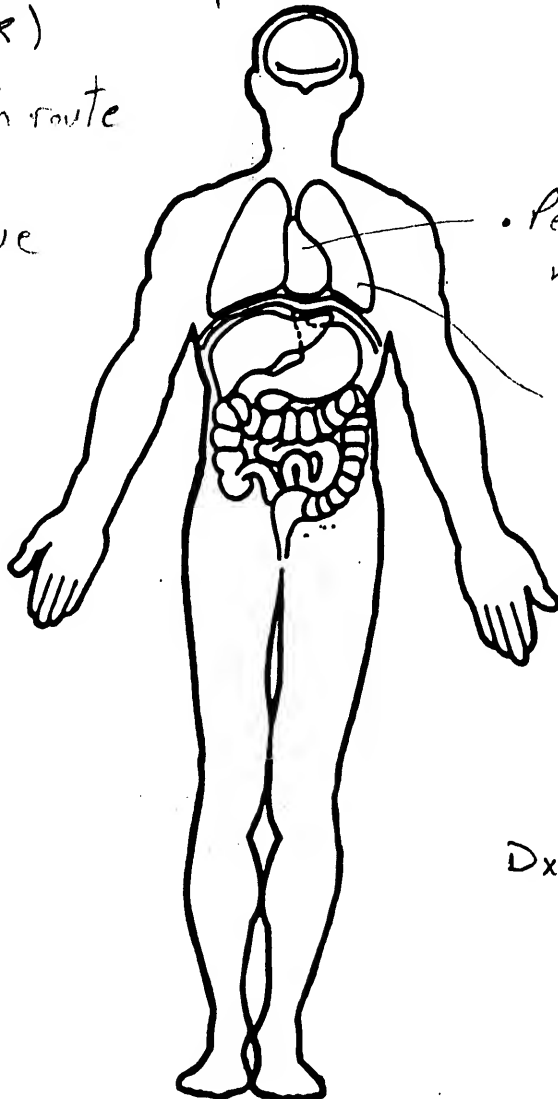
• Vomited in route
(NN)

• Unresponsive
(FR)

• Pericardiotomy,
no return (ER, NN)

Atelectasis (L)
+ (R) upper lobes
(EX)

Dx: closed Head Injury,
coma
(ER)



CAUSE OF DEATH

BEST AVAILABLE

ICD-9-CM

780.01 Coma
854.05 Intracranial injury of unspecified nature, not open, with prolonged LOC, without return to consciousness

OTHER DRUGS (GV16)

| Specimen Test Type | Drug(s) | Drug Type |
|---|---------|-----------|
| <input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified | | |

MEDICAL RECORD ABBREVIATIONS

| Symbol | Record Type Description |
|--------|--|
| A | Autopsy—medical information based upon an invasive examination of a body |
| ME | Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body |
| AR | Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available. |
| FS | Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above |
| DS | Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant |
| OS | Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related |
| FX | Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care |
| PN | Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission |
| HP | History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room |
| CN | Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission |
| ER | Emergency room report—where the author of this information is undefined |
| EN | Emergency room nurse—"nurse/complaint of" section on the emergency room report |
| ED | Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report) |
| NN | Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s) |
| EX | Radiographic records—taken during the patients stay in the emergency room |
| CV | Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author. |
| CR | Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner |
| ET | Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT) |
| O | Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine) |

IM = Immunology
FR = Helicopter Flight Operations Record

PRE-HOSPITAL PATIENT CARE REPORT

Invoice

Agency

Pt. Location:

Location ID:

PATIENT'S

NAME:

Address

City/State/ZIP

Spouse

Parent/Guardian

Office Address

Medicare #

Medicaid #

Resource #

Hx: ☐ Diabetes ☐ Heart Disease ☐ High BP ☐ Stroke ☐ COPD ☐ Psych ☐ Seizure ☐ TerminalAllergies: NKAMeds: NONEPatient's Physician NONEOther Units 351, 350Fire Co. 2, Call First RespondersLaw Officer State Police

CHIEF COMPLAINT:

Patient's Physician NONEOther Units 351, 350Fire Co. 2, Call First RespondersLaw Officer State PoliceDATE: 11/13/17
TIME (24 hour format)
H M S

| | | | | |
|---------------------|---|---|---|---|
| INCIDENT OCCURRED | 1 | 3 | 1 | 3 |
| CALL REC. BY AGENCY | 1 | 3 | 1 | 7 |
| UNIT ENROUTE | 1 | 3 | 2 | 3 |
| ARRIVE/SCENE | 1 | 3 | 3 | 0 |
| LEAVE SCENE | 1 | 3 | 4 | 9 |
| ARRIVE/DESTINATION | 1 | 5 | 5 | 0 |
| LEAVE DESTINATION | 1 | 6 | 1 | 6 |
| TIME IN SERVICE | | | | |

57,473 END Mileage
57,421 START Mileage
51 Total Mileage

This space is for your agency's use:

CPR started P.O.
to Squad #11/14

| TIME | LEVEL OF CONSCIOUSNESS | RESPIRATION <input type="checkbox"/> assisted | PULSE | BP | SKIN | PUPILS | SCORES | CARDIAC RHYTHM |
|------|---|--|--|--|---|--|------------------------------|----------------|
| | 1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive | Rate <input checked="" type="checkbox"/> Clear L.R. 1 Normal Rates L.R. 2 Labored Diminished L.R. 3 Shallow Wheezing L.R. | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | 1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm | 1 Normal 2 R>L 3 L>R 4 Unreactive 5 CON 6 Unreactive 7 CON | GCS Trauma CRAMS APGAR | wait/sec: |
| | 1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive | Rate <input checked="" type="checkbox"/> Clear L.R. 1 Normal Rates L.R. 2 Labored Diminished L.R. 3 Shallow Wheezing L.R. | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | 1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm | 1 Normal 2 R>L 3 L>R 4 Unreactive 5 CON 6 Unreactive 7 CON | GCS Trauma CRAMS APGAR | wait/sec: |
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| | 1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive | Rate <input checked="" type="checkbox"/> Clear L.R. 1 Normal Rates L.R. 2 Labored Diminished L.R. 3 Shallow Wheezing L.R. | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | 1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm | 1 Normal 2 R>L 3 L>R 4 Unreactive 5 CON 6 Unreactive 7 CON | GCS Trauma CRAMS APGAR | wait/sec: |
| | 1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive | Rate <input checked="" type="checkbox"/> Clear L.R. 1 Normal Rates L.R. 2 Labored Diminished L.R. 3 Shallow Wheezing L.R. | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | 1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm | 1 Normal 2 R>L 3 L>R 4 Unreactive 5 CON 6 Unreactive 7 CON | GCS Trauma CRAMS APGAR | wait/sec: |
| | 1 Awake & Oriented 2 Awake & Disoriented 3 Not Awake, Arousable 4 Unresponsive | Rate <input checked="" type="checkbox"/> Clear L.R. 1 Normal Rates L.R. 2 Labored Diminished L.R. 3 Shallow Wheezing L.R. | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 1 Reg. 2 Irreg. <input type="checkbox"/> MAST | 1 Normal 2 Flushed 3 Pale 4 Cyanotic 5 Dry 6 Moist 7 Cool 8 Warm | 1 Normal 2 R>L 3 L>R 4 Unreactive 5 CON 6 Unreactive 7 CON | GCS Trauma CRAMS APGAR | wait/sec: |

| TYPE OF CALL | MEDICAL COMPLAINT | SITE OF INJURY | enter the TRAUMA TYPE # | enter the TRAUMA TYPE # | TRAUMA TYPE # |
|------------------------|-------------------------|----------------|-------------------------|-------------------------|-------------------------|
| 1 Accident/Farm | 1 Abdominal Distress | Abdomen, lower | | | 1 Abrasion |
| 2 Accident/Home | 2 Anaphylaxis | Abdomen, upper | | | 2 Amputation |
| 3 Accident/Industrial | 3 Asthma | Ankle | | | 3 Bleeding/SEVERE |
| 4 Accident/Marine | 4 Cardiac | Arm, lower | | | 4 Bleeding/Moderate |
| 5 Accident/MVA | 5 Cardiac Arrest | Arm, upper | | | 5 Bleeding/Minor |
| 6 Accident/Sports | 6 Choking | Back, lower | | | 6 Burn/Trauma |
| 7 Assault | 7 Cold Exposure | Back, upper | | | 7 Burn/Chemical |
| 8 Bite/Sting | 8 Coma/Unconscious | Buttocks | | | 8 Burn/Electrical |
| 9 Distressed Newborn | 9 Communicable Disease | Chest | 6, 16 | 6, 16 | 9 Burn/Thermal |
| 10 DOA | 10 COPD | Ear | | | 10 Confusion |
| 11 Drowning | 11 Diabetic Reaction | Eye | | | 11 Crush Injury |
| 12 Fall | 12 Difficulty Breathing | Face | | | 12 Electrocutation |
| 13 Fire | 13 Dizziness | Finger(s) | | | 13 Flail Chest |
| 14 Gunshot Wound | 14 Drug Reaction | Foot | | | 14 Frx/Dislocation |
| 15 Hazardous Materials | 15 Fever | Genitals | | | 15 Head Trauma |
| 16 Medical Emergency | 16 Headache | Hand | | | 16 Internal Injuries |
| 17 MUTUAL AID | 17 Heat Exposure | Head/Scalp | 15 | 15 | 17 Laceration |
| 18 Overdose | 18 Hypertension | Knee | | | 18 Pneumothorax |
| 19 Poisoning | 19 Nausea/Vomiting | Leg | | | 19 Tendon Injury |
| 20 Substance Abuse | 20 Seizures/Convulsions | Neck | | | 20 Soft Tissue Injury |
| 21 Suicide | 21 Stroke/CVA | Other | | | 21 Spinal Cord Injury |
| 22 Transport/Critical | 22 Substance Abuse | Other | | | 22 Tension Pneumothorax |
| 23 Transport/Routine | 23 Terminal Illness | Wrist | | | 23 Other |
| 24 Other | 24 Other | Other | | | 24 Other |

PROCEDURES

| | | |
|------------------------|-------|------|
| 1 O2 Nasal Cannula | RATE: | Min. |
| 2 O2 Simple Mask | RATE: | Min. |
| 3 O2 NRB Mask | RATE: | Min. |
| 4 O2 Positive Pressure | | |
| 5 AED | | |
| 6 AWY-Nasopharyngeal | | |
| 7 AWY-Oropharyngeal | | |
| 8 Airway Cleared | | |
| 9 Assist Delivery | | |
| 10 Bleeding Controlled | | |
| 11 Chest Decompression | | |
| 12 CPR | | |
| 13 Cold Applied | | |
| 14 Cricothyrotomy | | |
| 15 Defib-Cardioversion | | |
| 16 Endotr. Tube Size | | |
| 17 EKG Monitor | | |
| 18 EQA | | |
| 19 EXT. Pacemaker | | |
| 20 Extrication | | |
| 21 Heart Lung Resus. | | |
| 22 Nebulizer-hand held | | |
| 23 NG Tube Size | | |
| 24 PTL Airway | | |
| 25 Bag-Valve-Mask | | |
| 26 Other | | |

HISTORY OF PRESENT ILLNESS/PHYSICAL EXAM/OTHER INFORMATION: Arrived on scene to find 4 YOWF. It involved in MVA. Vehicle in which Pt was involved impacted another vehicle. Pt not wearing seat belt. Pt found on driver's side of car. Pt w/ no Respiration. No pulse. Pt was transported to hospital. Squad arrival by [redacted] Pt was transported to [redacted] Collage. Full Head tie down. Pt transported. Enroute Pt Spinal Injury suspected. Oral Airway inserted. Pt Resp. Bagged w/ 100% O2 Bag Mask. CPR cont. Pulse checks throughout, unable to get good air exchange w/ Bagging. Lung sounds noted bi-laterally. I.V. N/S established (L) A/C Running Bolus of Fluid, secondary survey revealed no apparent injuries, suspected possible C-spine injury, internal injury (bleeding from mouth due to biting of tongue). Pt turned over to shift. Continued to work Code. Pt transported to [redacted] via helicopter.

w/ Pulse.

REFUSAL OF SERVICE/DISCLAIMER: I HEREBY REFUSE THE SERVICES, TREATMENT, AND/OR TRANSPORTATION RECOMMENDED AND OFFERED TO (ME/MY), _____ (PRINT NAME / RELATIONSHIP TO PATIENT) _____ BY THE PERSONNEL, AND UNDERSTAND THAT I ACCEPT FULL RESPONSIBILITY FOR ANY CONSEQUENCES OF SUCH REFUSAL. I FURTHER RELEASE THE INDIVIDUAL _____ AGENCY NAME _____ PERSONNEL AND THE _____ HOSPITAL/S FROM ANY LIABILITY FOR INJURY, LOSS, OR DAMAGE WHICH I SUFFERED OR _____ MAY SUFFER, BOTH KNOWN AND UNKNOWN, AS A RESULT OF MY REFUSAL OF SUCH SERVICES, TREATMENT, AND/OR TRANSPORTATION.

Technician's Run Review Y/N • Physician's Run Review Y/N • Physician Name (print)

COPIES TO: WHITE - AGENCY • PINK - PATIENT'S CHART • YELLOW - DATA ENTRY • GOLDENROD - PHARMACY

EMERGENCY RECORD

| | | | | | | | | | | | | | | | | | |
|--|----|---------------------------------|--------|-------------------------------------|-------------------------|--|-------------------------------|------------------------------|-------------------------------|--------------------------------|---|---|---|---|---|----|------------|
| <input type="checkbox"/> EMERGENCY | | <input type="checkbox"/> URGENT | | <input type="checkbox"/> NON-URGENT | | CODE <input type="checkbox"/> TX2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | ENT <input type="checkbox"/> | GYN <input type="checkbox"/> | CAST <input type="checkbox"/> | OTHER <input type="checkbox"/> | | | | | | | |
| NAME | | | | | | | | DATE | | TRIAGE TIME (24 HR) | | | | | | | |
| CHIEF COMPLAINT | | | | | | | | | | | | | | | | | |
| ADDITIONAL NOTES | | | | | | | | | | | | | | | | | |
| IMMUNIZATION | | | | | | | | | | | | | | | | | |
| MEDICATIONS | | | | | | | | | | | | | | | | | |
| ALLERGIES | | | | | | | | | | | | | | | | | |
| SIGN | | | | | | | | | | | | | | | | | |
| ADMISSION TIME (24 HR) | | | | | | | | | | | | | | | | | |
| PULSE | 87 | O2 SAT | WEIGHT | SKIN COLOR | CONDITION ON EVALUATION | GES | MAX INITIAL PHYSICIAN CONTACT | | | | | | | | | | |
| | | TEMP | KG | | | (3.1) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | on arrival |
| <p>healthy 4yo unrestrained passenger front seat of car which struck truck; thrown under dash; estimated per EMS 5 V/S no spontaneous resp's, dilated pupils (3), difficult airway efforts</p> <p>chest exam b. broad; constricted, unresponsive no pulse or spontaneous respiration / hypervent. - ETT 5.5 inserted to 17cm good (3) CS, 0 stomach, (4) ST CO₂</p> <p>IV LR x 2 CPR initiated upon arrival. intubation (CHZ) (4) forehead 3 defects; TM/nares 0 blood or no visible injury; pupils fixed, fully dilated abg (1) 6.81/52/392/8/100</p> <p>neck (2) > (3) circumferential abrasion & abrasion of jugular (2) 6.92/35/85/740/88</p> <p>CTA @ ETT @ apical base @ chest wall instability (2) 6.84/73/82/12/83</p> <p>QBS soft Q visible abd trauma stable pupils pericardial puncture - 0 return</p> <p>Q extremities trauma absent perfusion @ neuro pericardiothoracostomy</p> <p>IV LR -> epi 2g -> 4g -> 8g for ST 5 pulse, AV fib -> shock 200-200-360 -> ST 158</p> <p>IVF -> 120 BP 60/40 good distal perfusion CXR ETT @ glottis above 1.5cm -> no two good CS NGT / Foley with QVO</p> <p>1444</p> <p>ETT = Endotracheal Tube</p> <p>PS 1.05</p> <p>780' 0' no A, epi 8g IV - pulled ETT back 1 1/2 cm</p> <p>CX (2) maintains (2) kg hypo assisted</p> | | | | | | | | | | | | | | | | | |

| TIME | MEDICATION ORDERED AND DOSAGE | TIME AND INITIAL | POST PAIN LEVEL | TIME | MEDICATION ORDERED AND DOSAGE | TIME AND INITIAL | POST PAIN LEVEL | TIME | MEDICATION ORDERED AND DOSAGE | TIME AND INITIAL | POST PAIN LEVEL |
|------|-------------------------------|------------------|-----------------|------|-------------------------------|------------------|-----------------|------|-------------------------------|------------------|-----------------|
| | IV LR x 2 | | | | maintain 30% IV | | | | Totals for Mannitol - 1 bag | | |
| | epi/patamine as above | | | | head elevate 30° | | | | Bicarb - 1 amp p. | | |
| | biocarb 20mg IV | | | | hyperventilate | | | | epi - 3 amps | | |
| | 70 type O PRBC | | | | 20 - Bicarb. | | | | Atropine 1 amp. | | |

| | | | | | | | |
|--------------|---------|-----|---------|-----|---------|-----|---------|
| LAB | INITIAL | LAB | INITIAL | LAB | INITIAL | LAB | INITIAL |
| trauma panel | | | | | | | |
| LAB | INITIAL | LAB | INITIAL | LAB | INITIAL | LAB | INITIAL |
| | | | | | | | |

| | | | |
|--|--|---|--|
| DISCHARGE CONDITION (DIAGNOSIS) | | CONSULT | |
| DATE AND TIME OUT | | | |
| DISCHARGE: <input type="checkbox"/> HOME OTHER: <input type="checkbox"/> | | REFERRED TO: <input type="checkbox"/> | |
| TRANSFER: <input type="checkbox"/> RMH <input type="checkbox"/> UVA <input type="checkbox"/> CHRV <input type="checkbox"/> OTHER: <input type="checkbox"/> | | ADMITTED RM. NO. <input type="checkbox"/> | |

closed head injury
coma

PATIENT LOCATION ER

PATIENT NAME :
DATE OF BIRTH :
PHONE NUMBER :
ATTENDING PHYS: None/

DATE :
PATIENT #:
X-RAY # :
MED REC #:

EXAMINATIONS REQUESTED

1. Portable chest

CLINICAL HISTORY

The first of three films not labeled at the time shows a NG tube with the tip coiled in the fundus. Bowel gas pattern normal. Lungs are clear. Heart is midline.

A second film at _____ hours again shows a NG tube coiled in the stomach. An endotracheal tube is present with the tip in the right main stem bronchus. There is atelectasis of the left lung and the right upper lobe. A third film shows the NG tube just above the carina. There is atelectasis of part of the right upper lobe and the left upper lobe.

PROGRESS NOTES

: NURSING

ANCILLARY SERVICES

| | | |
|-------------|-------------------------|-----------------|
| Med. Floor | SCF/ICF | Recreat. Ther. |
| Surg. Floor | Therapy | Speech Ther. |
| ICU | Home Health | Dietary |
| OB/Nursery | Soc. Service | Other <u>EX</u> |

(1)

DATE: PATIENT NAME

ROOM #

arrive - CPR in progress - ^{ventr} no pulse & resp
 patient 10 on airway - ^{ventr} rhythm
 had vomited enroute. had head block's
 & tie down. tie down initial - small
 tongue laceration ~~bleeding~~ in mouth -
 suctioned
 5 1/2 ET uncuffed (16.5) - BS ✓
 suction, 10 (R) AC blood set - 2000 15 W/O.
 epi 2cc's 10 ventricular rhythm
 epi 4 cc's 10 - pw
 100% - preoxygenate / Anticipated in the code
 200% - pw
 360% - pw
 Epi 8mg. CPR
 pericardiocentesis 2 1/2 g - & return but
 now ST & pulse, bagging.
 bagging - Feley 10fr & return
 64/p 1417 - ABF 1423 xray 50/p
 Mannitol - 20cc's (200%¹⁰⁰) 10p - xray 1/2 tube advanced to 17 1/2
 & output in Feley yet.
 suction 96 rate
 Hunt 0 neg hmg, 90/p
 & rate 32 - 40 Atropine 4cc #2 32 - 40
 CPR - neck feels tighter
 EPI 8mg
 Bicarb 20mg - ~~empty~~ empty, neck tighter now

2

CXR Adjust tube - to $16\frac{1}{2}$

CPR

ST 104 - pulse

Pulse

(neck very tight)

Received

UE J 1512 Bicanb 20

Date Printed:

Adm Date:

Dis Date:

MR#

F 4Y Pt.#

MVA

NO FAMILY DOCTOR

1

***** CHEMISTRY *****
 ===== CHEMISTRY PANEL 7 =====

COLLECTED

BUN 12
 CREA 1.1
 GLU 393 H
 NA+ 143
 K+ 3.8
 CL 115 H
 CO2 7 L
 BUN/CR RATIO 11
 OSMOLALITY 300
 ANION GAP 21

REFERENCE

6- 19 MG/DL
 0.5- 1.2 MG/DL
 70- 110 MG/DL
 135- 153 MMOL/
 3.5- 5.3 MMOL/
 98- 113 MMOL/
 24- 31 MMOL/

CALCULATED

CALCULATED

CALCULATED

***** HEMATOLOGY*****
 ===== CBC S+JR W/3 PART DIFF =====

COLLECTED

RELEASED

WBC 6.3 4.8- 10.8 X 10(3)
 RBC 2.0 L 4.20- 5.40 X 10(6)
 HGB 7.5 L 12.0- 16.0 G/DL
 HCT 23.5 L 37.0- 47.0 %
 MCV 81.2 81.0- 99.0 FL
 MCH 26.0 L 28.0- 32.0 PG
 MCHC 32.0 32.0- 36.0 G/DL
 PLT CT 129 L 130- 400 X10 (3)
 RDW 13.0 11.5- 14.5 %
 LYMPHS 55 H 25- 40 %
 MONO 6 2- 9 %
 GRAN 40 L 50- 80 %

***** IMMUNOLOGY*****
 ===== BLOOD GAS ARTERIAL =====

COLLECTED

pH 6.84 #L 6.92 #L 6.81 #L
 pCO2 73 #H 35 52 H
 pO2 82 L 85 392 H
 HCO3 12 7 8
 O2 SAT 83 88 100
 O2% CODE CODE CODE
 TIDAL VOLUME
 RATE
 PEEP

REFERENCE

7.35- 7.45 [H+]
 35- 45 MM HG
 85- 105 MM HG

CALCULATED

CALCULATED

CC

B/M

CM H2O

[illegible]

BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FACILITY TO WHICH
OCCUPANT WAS TRANSFERRED AND HOSPITALIZED

Weight: ~50 lbs Height: 46" (ME)

• Prolonged extraction from vehicle ~20 minutes (DS)

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Unrestrained
passenger

TR, PR2, PR3
PR4, DS, ME

Restrained?

X No

Yes

TF, PR1, PR2
PR3, PR4, DS

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS = 3
(TF)

Units of Blood
Given

Unit @ other hospital (TF)

Units = 1

Packed cells
(ER, PR4)

Arterial Blood Gases

pH = 7.01 6.96

PO₂ = 156 76

PCO₂ = 45 26

HCO₃ = 11 6

Bos e Excess -19 -26

(Initial) (Final)

(ER, LR) (LR)

• No car seat (TF)

Air Bag (PR4)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Massive facial
abrasions
(PR2, DS)

Neck: edematous
+ tense
(PR2, DS, CC)

Unit @ other hospital (TF)

• Child extrication from under dash without vital signs
or respirations, dilated pupils (TF, PR1, PR2)

• Apparently hit her head against the under dash, breast
inflated air bags* (PR4)

• Massive facial
swelling (TR, PR2, DS, CC)

• Child was projected*
over the air bag and
struck the windshield
(ME)

Blood both ears
(PR2, DS)

blood in nares and
mouth (oozing) (TF, PR2, PR3,
DS, CC)
• Palpable subcutaneous
air in chest (TF)

Abdomen: tense
no bowel sounds
(PR2, PR3, DS)

Extremities: No gross
injuries (PR2, DS)

* This statement is
not supported by the
available evidence

OCCUPANT INJURY CLASSIFICATION

| Body Region | Specific Anatomic Structure | Level of Injury | Aspect |
|---|--|--|------------------|
| (1) Head | | Specific injuries are assigned consecutive two-digit numbers beginning with 02. | (1) Right |
| (2) Face | | | (2) Left |
| (3) Neck | <u>Vessels, Nerves, Organs.</u> | | (3) Bilateral |
| (4) Thorax | <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. | | (4) Central |
| (5) Abdomen | | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (5) Anterior |
| (6) Spine | | | (6) Posterior |
| (7) Upper Extremity | | | (7) Superior |
| (8) Lower Extremity | | | (8) Inferior |
| (9) Unspecified | The exceptions to this rule apply to: | | (9) Unknown |
| | | | (0) Whole region |
| Type of Anatomic Structure | Whole Area | | |
| (1) Whole Area | (02) Skin - Abrasion | | |
| (2) Vessels | (04) Skin - Contusion | | |
| (3) Nerves | (06) Skin - Laceration | | |
| (4) Organs (includes Muscles/ligaments) | (08) Skin - Avulsion | | |
| (5) Skeletal (includes joints) | (10) Amputation | | |
| (6) Head - LOC | (20) Burn | | |
| (9) Skin | (30) Crush | | |
| | (40) Degloving | | |
| | (50) Injury - NFS | | |
| | (90) Trauma, other than mechanical | | |
| | <u>Head - LOC</u> | | |
| | (02) Length of LOC | | |
| | (04) Level | | |
| | (06) of | | |
| | (08) Consciousness | | |
| | (10) Concussion | | |
| | <u>Spine</u> | | |
| | (02) Cervical | | |
| | (04) Thoracic | | |
| | (06) Lumbar | | |

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

*** Quadrigeminal plate cistern + 4th ventricle are not clearly seen

OFFICIAL INJURY DATA — SKELETAL INJURIES

Diffuse loss of cerebral + cerebellar gray-white differentiation indicating generalized cerebral edema; intraventricular hemorrhage in both lateral ventricles; subarachnoid hemorrhage - CT Head (PX2)

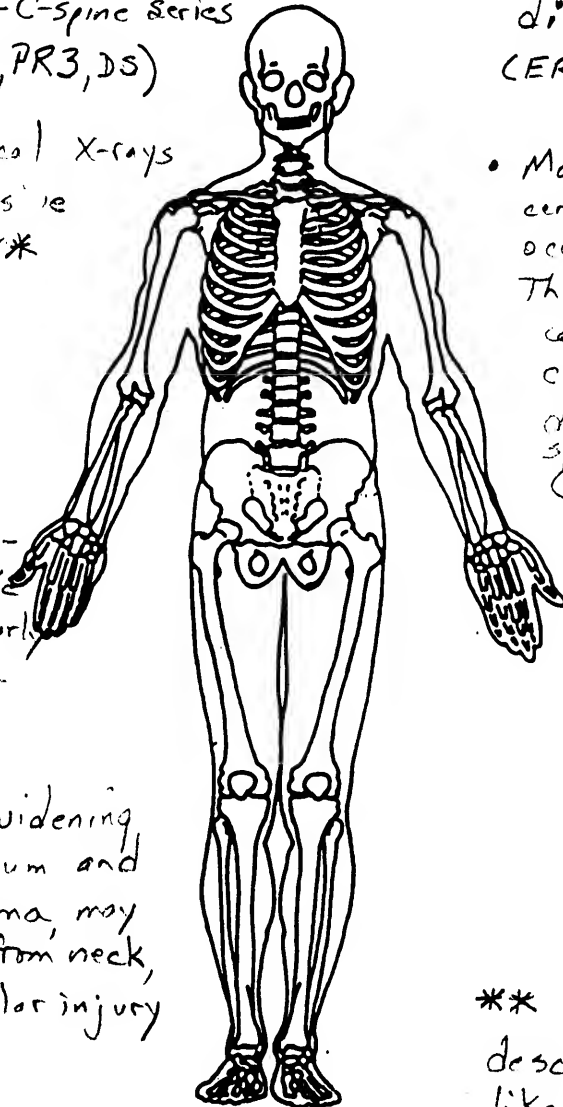
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Severe atlanto-occipital dislocation - C-spine series X-rays (PR2, PR3, DS)

- Lateral cervical X-rays showed a massive decapitation** (PR4)

- Chest X-ray: mediastinal widening; indistinctness of the aortic arch; early pulmonary edema (PX1)

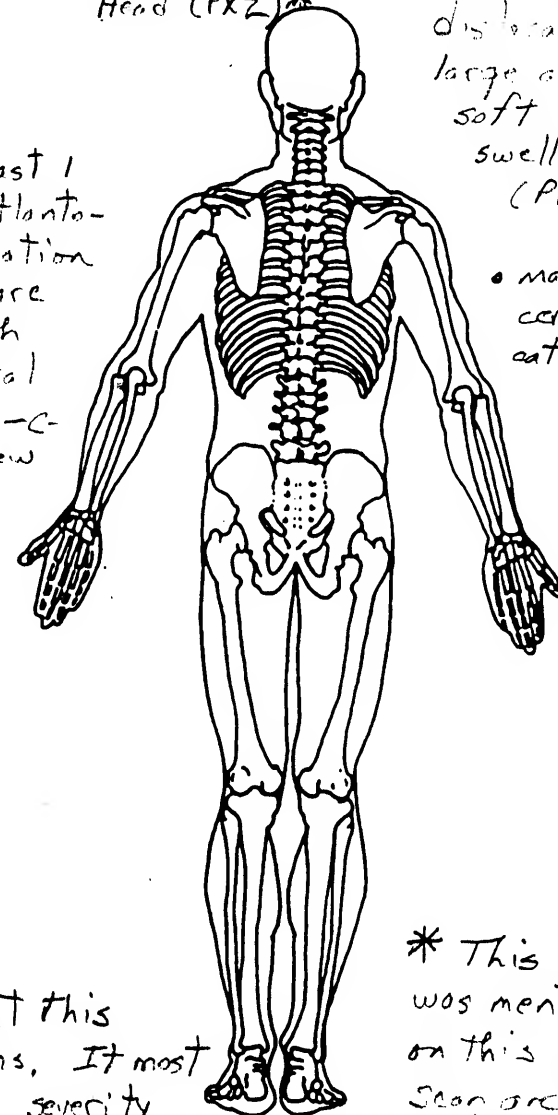
- Significant widening of mediastinum and perihilar edema, may be hemorrhage from neck, could be vascular injury (PX4)



- Atlantoaxial dislocation (ER)

- Marked (at least 1 centimeter) of atlanto-occipital dislocation. These findings are consistent with craniovertebral dissociation - C-spine lateral view (PX1)

- ② parietal, nondisplaced skull fracture - CT Head (PX2)*



- Atlanto-occipital dislocation with large amount of soft tissue swelling - CT Scan (PR1, PX2)

- marked atlanto-cervical dislocation (ME)

** Unclear what this description means. It most like refers to the severity of the dislocation

* This skull Fx was mentioned only on this Head CT Scan and never mentioned by any other doctor.

INJURY SOURCES

| | | | |
|--|--|--|--|
| FRONT | | | |
| (001) Windshield | (102) Right side hardware or armrest | (183) Air bag-passenger side and object held | (411) Wall mounted head rest (used behind wheel chair) |
| (002) Mirror | (103) Right A (A1/A2)-pillar | (184) Air bag-passenger side and object in mouth | (412) Other adaptive device (specify): _____ |
| (003) Sunvisor | (104) Right B-pillar | (185) Air bag compartment cover-passenger side | |
| (004) Steering wheel rim | (105) Other right pillar (specify): _____ | (186) Air bag compartment cover-passenger side and eyewear | EXTERIOR of OCCUPANT'S VEHICLE |
| (005) Steering wheel hub/spoke | (106) Right side window glass | (187) Air bag compartment cover-passenger side and jewelry | (451) Hood |
| (006) Steering wheel (combination of codes 004 and 005) | (107) Right side window frame | (188) Air bag compartment cover-passenger side and object held | (452) Outside hardware (e.g., outside mirror, antenna) |
| (007) Steering column, transmission selector lever, other attachment | (108) Right side window sill | (189) Air bag compartment cover-passenger side and object in mouth | (453) Other exterior surface or tires (specify): _____ |
| (008) Cellular telephone or CB radio | (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. | (190) Other air bag (specify) | (454) Unknown exterior objects |
| (009) Add on equipment (e.g., tape deck, air conditioner) | (110) Other right side object (specify): _____ | (195) Other air bag compartment cover (specify) | EXTERIOR OF OTHER MOTOR VEHICLE |
| (010) Left instrument panel and below | INTERIOR | | (501) Front bumper |
| (011) Center instrument panel and below | (151) Seat, back support | | (502) Hood edge |
| (012) Right instrument panel and below | (152) Belt restraint webbing/buckle | ROOF | (503) Other front of vehicle (specify): _____ |
| (013) Glove compartment door | (153) Belt restraint B-pillar or door frame attachment point | (201) Front header | (504) Hood |
| (014) Knee bolster | (154) Other restraint system component (specify): _____ | (202) Rear header | (505) Hood ornament |
| (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only) | (155) Head restraint system | (203) Roof left side rail | (506) Windshield, roof rail, A-pillar |
| (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only) | (160) Other occupants (specify): _____ | (204) Roof right side rail | (507) Side surface |
| (017) Windshield reinforced by exterior object (specify) | (161) Interior loose objects | (205) Roof or convertible top | (508) Side mirrors |
| (019) Other front object (specify): _____ | (162) Child safety seat (specify): _____ | FLOOR | (509) Other side protrusions (specify): _____ |
| | (163) Other interior object (specify): _____ | (251) Floor (including toe pan) | (510) Rear surface |
| | AIR BAG | (252) Floor or console mounted transmission lever, including console | (511) Undercarriage |
| LEFT SIDE | (170) Air bag-driver side | (253) Parking brake handle | (512) Tires and wheels |
| (051) Left side interior surface, excluding hardware or armrests | (171) Air bag-driver side and eyewear | (254) Foot controls including parking brake | (513) Other exterior of other motor vehicle (specify): _____ |
| (052) Left side hardware or armrest | (172) Air bag-driver side and jewelry | REAR | (514) Unknown exterior of other motor vehicle |
| (053) Left A (A1/A2)-pillar | (173) Air bag-driver side and object held | (301) Backlight (rear window) | OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT |
| (054) Left B-pillar | (174) Air bag-driver side and object in mouth | (302) Backlight storage rack, door, etc. | (551) Ground |
| (055) Other left pillar (specify): _____ | (175) Air bag compartment cover-driver side | (303) Other rear object (specify): _____ | (598) Other vehicle or object (specify): _____ |
| (056) Left side window glass | (176) Air bag compartment cover-driver side and eyewear | ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT | (599) Unknown vehicle or object |
| (057) Left side window frame | (177) Air bag compartment cover-driver side and jewelry | (401) Hand controls for braking/acceleration | NONCONTACT INJURY |
| (058) Left side window sill | (178) Air bag compartment cover-driver side and object held | (402) Steering control devices (attached to OEM steering wheel) | (601) Fire in vehicle |
| (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. | (179) Air bag compartment cover-driver side and object in mouth | (403) Steering knob attached to steering wheel | (602) Flying glass |
| (060) Other left side object (specify): _____ | (180) Air bag-passenger side | (405) Replacement steering wheel (i.e., reduced diameter) | (603) Other noncontact injury source (specify): _____ |
| | (181) Air bag-passenger side and eyewear | (406) Joy stick steering controls | (604) Air bag exhaust gases |
| RIGHT SIDE | (182) Air bag-passenger side and jewelry | (407) Wheelchair tie-downs | (697) Injured, unknown source |
| (101) Right side interior surface, excluding hardware or armrests | | (408) Modification to seat belts. (specify): _____ | |
| | | (409) Additional or relocated switches. (specify): _____ | |
| | | (410) Raised roof | |

OFFICIAL INJURY DATA — INTERNAL INJURIES

- Unresponsive to painful stimuli (TF, PR2, PR3, DS, CC)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Flaccid in ER
(this facility)

(PR1, PR2, PR3, DS, CC, ME)

AP (C-spine) views disclosed
a massively enlarged neck
arteries & vein
(PR4)

• Liver laceration
— Body CT Scan

[PR1, PR2, PR3,
DS, ME]

• Edema, hemorrhage as well as
probable contusion
posterior (R) lobe of
liver — Abdomen CT (PX3)

• Global ischemia —
— Head CT (PR1, DS)

• Severe anoxic/ischemic
CHIE — Head CT (PR2)

• Chest X-rays show massive
pulmonary hemorrhage and/or
edema (PR4)

• Bilateral pleural effusions, R>L,
atelectatic portion (lower lobe,
no pneumothorax) — Abdomen CT (PX3, PX4)

• Intra peritoneal
fluid — Body CT Scan
(PR2, PR3, DS)

• Abdominal CT
disclosed massive
retroperitoneal
hemorrhage (PR4, PX4)

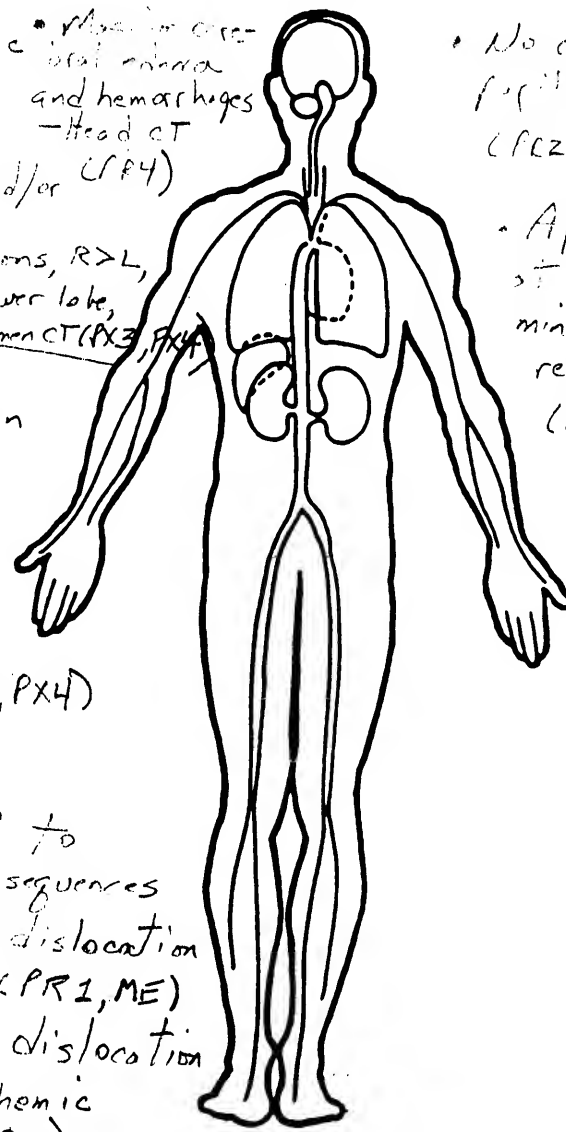
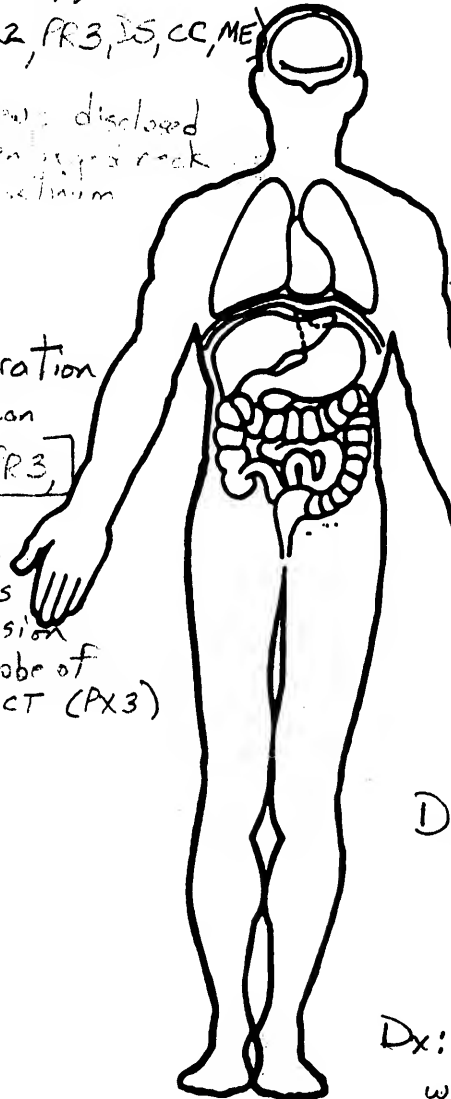
• Pupils fixed + dilated, apneic + pulseless
(ER, PR1, PR2, DS, ME)

• No corneal reflex
pupils nonreactive
(PR2, DS)

• Apneic for
at least 20
minutes before
receiving CPR
(PR4)

Dx: Brain death 2° to
ischemia from consequences
of atlanto-occipital dislocation
sustained in MVA (PR1, ME)

Dx: Atlanto-occipital dislocation
with severe anoxic/ischemic
brain injury (PR2, PR3)



CAUSE OF DEATH

BEST AVAILABLE

Time: 2035 CPR1, PR2, DS, ME)

Death due to aortic dissection Dislocation and severe hypoxic ischemic brain injury (DS, ME)

ICD-9-CM

854.05 Intracranial injury of unspecified nature, not open, with prolonged LOC, without return to consciousness
 864.09 Injury to liver, not open, other injury

OTHER DRUGS (GV16)

| Specimen Test Type | Drug(s) | Drug Type |
|---|---------|-----------|
| <input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified | | |

MEDICAL RECORD ABBREVIATIONS

| Symbol | Record Type Description |
|--|--|
| A | Autopsy—medical information based upon an invasive examination of a body |
| ME | Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body |
| AR | Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available. |
| FS | Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above |
| DS | Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant |
| OS | Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related |
| FX | Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care |
| PN | Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission |
| HP | History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room |
| CN | Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission |
| ER | Emergency room report—where the author of this information is undefined |
| EN | Emergency room nurse—"nurse/complaint of" section on the emergency room report |
| ED | Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report) |
| NN | Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s) |
| KX | Radiographic records—taken during the patients stay in the emergency room |
| CV | Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author. |
| CR | Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner |
| ET | Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT) |
| O | Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine) |
| LR = Laboratory Record TF = Trauma Flow Sheet PR# = Progress Record LS = Death Summary CC = Critical Care Assessment (i.e. Discharge Summary) | |

ACCT #: BEST AVAILABLE

| CHART ORDERED | DATE: | LOG | HISTORY NO. | PATIENT NAME | DATE OF BIRTH | AGE | SEX | RACE | M. STAT. |
|--|-------|-----|-------------|--------------|--|-------------------|---------------------------|----------------------|----------|
| N | | | | | | | F | W | S |
| PATIENT ADDRESS - STREET CITY, STATE, ZIP CODE | | | | | HOME PHONE NO. | | MEANS OF ARRIVAL OTHER | | |
| NEXT OF KIN | | | | | | | | | |
| PATIENT PHYSICIAN / CLINIC OUT FAM: NONE | | | | | OUT REF: | | INSURANCE | | |
| COMPLAINT | | | | | TRANSFERRING HOSPITAL | | | DATE OF LAST TETANUS | |
| VITAL SIGNS | | B/P | PULSE | RESP. | TEMP. | MEDICATION ORDERS | | TIME | MD |
| 50/ | | | | | 31.8 | 1. | | | |
| WEIGHT | | | | | | 2. | | | |
| MDS | | | | | | 3. | | | |
| ALLERGY | | | | | | 4. | | | |
| E.R. - ATTENDING PHYSICIAN | | | | | | 5. | | | |
| M.D. TIME IN | | | | | | 6. | | | |
| 440, W F pulseless. asens in the field taken to Fixed dilated pupils Apneic & pulseless intubated, lines placed PH 6.8 CXR obtained C spine protected IV fluids given I U Packed cells given PE - Fixed and dilated pupils Poor peripheral perfusion (+) femoral pulses ET tube in place - bilateral Good heart sounds Abdomen soft N6 in place Neuro Q tone rectal Q tone Foley in place C spine CXR done Neurosurgery present Peds surgery present to CT Family on their way there way Atlantoaxial distraction | | | | | | | | | |
| LAB | | | | | | | | | |
| HCT 24.5 | | | | | | | | | |
| WBC | | | | | | | | | |
| GLUC 291 | | | | | | | | | |
| NA 142 | | | | | | | | | |
| K 4.8 | | | | | | | | | |
| CL 117 | | | | | | | | | |
| CO ₂ 13 | | | | | | | | | |
| BUN 9 | | | | | | | | | |
| CREAT 1.0 | | | | | | | | | |
| 7.0 | | | | | | | | | |
| 4.5 | | | | | | | | | |
| 156 | | | | | | | | | |
| OTHER | | | | | | | | | |
| ATTENDING USE ONLY | | | | | | | | | |
| AS | | | | | | | | | |
| 2 | | | | | | | | | |
| 1 | | | | | | | | | |
| 1. SIGNATURE | | | | | 3. DISPOSITION: <input type="checkbox"/> HOME <input type="checkbox"/> CLINIC <input type="checkbox"/> WARD <input checked="" type="checkbox"/> ICU <input type="checkbox"/> OTHER | | | | |
| 2. | | | | | 4. CONDITION ON DISCHARGE: <input type="checkbox"/> IMPROVED <input type="checkbox"/> STABLE <input type="checkbox"/> GUARDED <input type="checkbox"/> CRITICAL <input type="checkbox"/> EXPIRED | | | | |

BEST AVAILABLE

CPR was started at scene and cont'd. during 40 min transport to nearest medical facility. was intubated at

In E.D., B/p was $\frac{87}{48}$ HK=115. Pupils were fixed
+ dilated + chills were present. Ex-collars were
in place, however neck was swollen + tender. Oral
EWD + tracheal tube was in place as was NAC.
Good BS ~~was present~~ ~~no~~ ~~was~~ soft
but oral specimen tube was absent. Hct (3pm) was 26 Grit

Pathologic survey demonstrated a trans-occipital
dislocation & lq. not of soft tissue swelling.
CXR demonstrated widespread moderate to global ischemia.
Head CT demonstrated Δ consistent with global ischemia.
Body CT demonstrated ^{demolished} a liver lq. in correlation to neurology
pt. was declared dead + family approached re: organ donation.

PR 1

Pt. was admitted to P.I.C.U. for support.
while family discussed organ donation &
parent.

Assessment. Brain death 20 to ischemia from
compression of atlanto-occipital ligaments.
Sustained in MVA.

Plan - Pressor + ventilatory support in PICU
- VOP A continued.
- Plan discussed & attending, who
concurs & plan.

Follow-up

Family has decided not to offer body
for organ donation and support withdrawn.
Ventilator turned off at 2035 and pt. pronounced
dead. parent with family
Funeral arrangements made & funeral
home in
final decision.

PROGRESS RECORD

PICU BRIEF RAN

4 y/o M who was the ~~unrestrained~~ front seat passenger in a high speed crash this p.m. RS personnel found pt. pulseless & apneic under front dashboard. After ~ 20 min extrication CPR was performed & pt ^{resuscitation} taken to where resus. continued for total of ~ 60 minutes from time of accident before spont. pulse obtained. On arrival at UVA pt. continued to have fixed, dilated pupils, was unresponsive & flaccid. C-spine survey demonstrated severe atlanto-occipital dislocation, head CT consistent w/ severe anoxic/ischemic CHI, body CT demonstrated liver laceration & intraperitoneal fluid.

on arrival in

T 36° P 113 R 30 (1mv) BP 59/25 SpO₂ 86%

Exam:

gen: unresponsive, massive facial edema/abrasions
 HEENT: pupils fixed, dilated, blood from o/p, nares & both ears
 - NECK: ~~examined~~, edematous & tense
 LUNGS: well-aerated & rent
 HEART: ~~examined~~ centrally only, CFT ~ 6-8 sec
 ABD: tense, no bowel sounds

(cont.)

PR2

(cont. from above)

NEURO: flaccid, & DTR's, & corneal reflex, pupils non-reactive, rectal tone absent per

EXTREM: no gross injury

ASSESS: Atlanto-occipital dislocation & severe anoxic/ischemic brain injury

PLAN: ① pt. was admitted to . ② femoral a-line & venous c.l. placed by

②^u at parents request & after mult. prolonged discussions &

mechanical vent. support was withdrawn. Time of death

③ family counseled throughout by §

④ medical examiner notified, notified

⑤ funeral arrangement to be made in a.m. at in

PROGRESS RECORD

Pt admitted from ER. Pt has C-Spine survey demonstrated atlanto-occipital dislocation & severe anoxic/ ischemic closed head injury. Pt also had liver laceration and peritoneal fluid present. Pt unresponsive upon admission. Eyes 6 Fixed & spontaneous movement very flaccid. & medications given to sedate. Pt is actively intubated & 5.5 ETT 18cm @ lip 100% FiO₂ IMV 30 PEEP + 10 Suctioned for thick blood tinged secretions. Lung fields rhonchorous. Continuous nasal & oral bloody secretions. Pt HR 118-130 received Epi bolus X2 for BP 50/30 Epi gtt @ 4mcg/kg/min Dopamine @ 5mcg/kg/min Continuous fluid wide open to maintain BP PRBCs X2 5% ALBUMIN 250cc X1 Perfusion 7-8 sec throughout femoral pulses only palpable. & peripheral pulses abdomen tense. 8fr Foley to gravity. Family in many times throughout very emotional Refuse donation only want to withdraw and stop her suffering."

— All drip/ medications stopped, ET tube pulled
by
by HR Stopped pronounced dead

All IV/NG/ foley PIC central line tied off
At cleared. Family in to view body crying
Said goodbye and left. So Home in Lexington
present and very supportive
throughout. Bereavement counseling began.
Foot prints/ handprints done.

Sent to

Tip

Time

Comments/Initials

Admit to room ER accompanied by Peds Surgery,
and ER nurse B. 10/15 Epi given. 2mg IV.
Started Attempts by and
into (A) and (B) groin. (R) femoral, umbilical, xiphoid, & cardiac
begin Blood flow noted. (R) femoral Arterial line
placed by. Connected to manometric blood
wave form noted.
Hands with open Epi E. 4mg / Depressor 3mg /
Pt now Fixed dilated @ spontaneous movement.
Parents in to visit. Mom / Dad very emotional crying
at bedside state "I just want her to stop hurting."
She can't take much more" Support given to family
Peds Surgery for rounds. Studies bedside
to parents and they do not wish to donate
But just to withdraw support and see how
die
many family members in who see patient very
emotional.
Peds Surgery
present but IV stopped NGT pulled ET tube pulled
@
Pt C-collar removed PIV D/C pressure dia applied
to leg D/C Central / belly tied off
cleaned + prepared for family
family in crying Burroughs follow-up
stated
foot pulses + hand rubin done
Sent to

PICU ATTENDING NOTE

Chief Complaint - 4 year old white female brought to the unit with the diagnosis of brain death following a motor vehicle accident with a severe head trauma. She was brought to the unit for temporary care until the family decides on organ donation.

She was the victim of a motor vehicle accident in which the truck that her father drove collided with another vehicle at high speed. She was unrestrained at the time and apparently hit her head against the under dash, beneath inflated air bags. She was apneic for at least 20 minutes before receiving CPR. She was transferred via _____ to the _____ emergency room.

Lateral cervical x-rays showed a massive decapitation. AP views disclosed a massively enlarged neck and upper mediastinum. In the chest there was evidence of massive pulmonary hemorrhage and/or pulmonary edema. A head CT revealed massive cerebral edema and hemorrhages. An abdominal CT disclosed massive retroperitoneal hemorrhage, lack of splenic blood flow, and lack of elimination of contrast by

the kidneys

Upon admission to the _____ she was cold, hypotensive, on an Epinephrine drip at .4 _____/minute and a Dopamine drip at 5 μ g/kg/minute. She was _____ transfused with packed red cells. She was also hooked to a mechanical ventilator with pressures of 55-60 PIP and 0 PEEP. _____ Oxygen was at 100%.

I proceeded to place right femoral central arterial and venous lines. It was not an easy task because both inguinal areas were with hematomas and bleeding as a consequence of disseminated intravascular coagulation.

The primary team observing her is _____ with

Four hours after her admission to the _____ the parents decided against organ transplantation and all support was withdrawn as per their request.

PR4

SHADED AREA TO BE COMPLETED BY PHYSICIAN AT TIME OF ADMISSION

DATE OF ADMISSION CERTIFICATION: _____ EXPECTED LOS: _____
 REASON FOR ADMISSION: SEVERE CHT 85405
 SIGNATURE: _____ M.D.

DIAGNOSIS

PRINCIPAL: Severe CHT CODES: 85405

SECONDARY: LIVER 86409
8712.1
8749.5

PROCEDURES

PRINCIPAL: V2NT DATE: _____ PHYSICIAN: _____ CODES: 9671
head CT 8703
body CT 8738

SECONDARY: RBC (24) 9904

DRG _____ Coder _____ Date Coded _____

"I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge."

ATTENDING PHYSICIAN SIGNATURE

DATE

DISPOSITION:

☒ Home/selfcare Err!
☐ Home/home health referral
☐ AMA
☐ Western State Hospital
☐ Acute Care Facility
☐ Rehab Facility/Unit
☐ Nursing Home-SNF bed
☐ Nursing Home-ICF bed
☐ Other

☐ DNR date _____
☐ Death within 48 hrs of admission
☐ Death after 48 hrs of admission
☐ Died in OR ☐ Post-op death
☐ Autopsy

ATTENDING PHYSICIAN:

REFERRING PHYSICIAN: NONE

FAMILY PHYSICIAN: NONE

PRIMARY DISCHARGE DIAGNOSIS:

1. DEATH DUE TO ATLANTO-OCCIPITAL DISLOCATION
2. SEVERE HYPOXIC ISCHEMIC BRAIN INJURY

ADDITIONAL DISCHARGE DIAGNOSES:

1. NONE

PRIMARY OPERATION OR PROCEDURE:

1. RIGHT FEMORAL CENTRAL LINE PLACEMENT
2. RIGHT FEMORAL ARTERIAL LINE PLACEMENT

REASON FOR ADMISSION: was a four-year-old, white female who was the unrestrained passenger in a high speed motor vehicle accident who was admitted for further management.

HISTORY OF PRESENT ILLNESS as a four-year-old, white female who was the unrestrained front seat passenger in a high speed motor vehicle accident this afternoon. By report she was pulseless and apneic at the scene and required a prolonged extraction from the vehicle of approximately 20 minutes. She underwent CPR at that time and was taken in a full cardiopulmonary arrest mode to the nearest hospital, At

, she continued to be a full resuscitation for a total of approximately 60 minutes from the time of the accident before a spontaneous and blood pressure were obtained. She had multiple rounds of cardiac drugs as well as electrical cardioversion. She was intubated at the scene and was transferred after stabilization at

On arrival in the here she was found to be flaccid, with fixed and dilated pupils and unresponsive. Initial trauma evaluation demonstrated a cervical spine film in the neck area Atlanto-occipital dislocation. She also underwent head CT which was consistent with severe ischemic injury, as well as an abdominal CT was performed demonstrating liver laceration and free fluid in the peritoneum. She was admitted to the for further stabilization and for potential organ donation.

PAGE 2

PHYSICAL EXAMINATION: ~~Physical examination~~ at the time of admission and arrival on the PACU, the vital signs included temperature of 30.9, pulse 113, respirations 30 (ventilated), blood pressure 59/25, oxygen saturation 86% on 100% O2. In general, this is an unresponsive four-year-old with massive facial edema and abrasions. HEENT: The pupils are fixed and dilated bilaterally, blood is seeping from the oropharynx, the nares and both ears. Neck - This is in a cervical collar but is notable for significant edema and tense appearance. Lungs - Well aerated with current ventilator settings. Heart - Distant heart sounds, pulses are palpable at central sites only. Capillary filling time is 6 to 8 seconds and extremities are mottled. The abdomen is tense with no bowel sounds.

Neurologic Examination - The patient is flaccid with no deep tendon reflexes; no corneal reflexes and pupils are nonreactive. Extremities - There are no gross injuries.

COURSE IN HOSPITAL: The patient was ~~admitted~~ only briefly to the ~~at which time~~, right groin lines were placed. She remained ventilated until ~~at which time~~ her parents had requested removal from artificial support. The patient's requested this after prolonged discussions with the ~~the~~ and the radiologists who had reviewed her films.

Mechanical ventilator support was withdrawn at ~~and the patient was declared dead shortly thereafter.~~ The family has been counselled by ~~the~~ and ~~from the~~. The family will make arrangements the following morning for funeral at

CONDITION ON DISCHARGE: The patient has died of Atlanto-occipital dislocation and severe ~~trauma~~ encephalopathy from ~~closed head~~ trauma.

DATE: _____ TIME: _____

NEUROLOGICAL: Anesthetized Paralyzed Sedated Arousable Awake Somnolent Irritable Hyperactive Comatose.

Age appropriate response: Yes / No Follows commands: Yes / NoPupils: 2 3 4 5 Equal/unequal fixed Brisk Sluggish Focus Tracks FollowsFontanel: Anterior open firm flat bulging depressed closed Posterior open firm flat bulging depressed closed

Reflexes: < 3 months: Babinski palmar rooting suck reflex < 8 months: plantar suck reflex

Movements: Spontaneous movement of all extremities / purposeful to stim only / no movement / posturing decorticate, decerebrateMuscle Tone: Rigid Hypoactive Normotonic flaccid Protective Reflexes: cough / gag / blink NONEI.C.P. Monitor: pressures _____ cervical collar ✓ Becker drain @ _____ above the ears Traction: type _____ amount _____Comments: Rt 5-6 Fixed 0 movementRESPIRATORY: ETT# 5.5, 18 cm @ lip Suction Catheter size: 10 fr.Trach type _____ size _____ trach ties secure extra trach @ bedside N/C _____ L room air Respiratory rate 30Ventilator Fervo FIO2 100% IMV 30 PEEP 40 CPAP _____ AC _____ PS _____ MXIP _____ TV _____ ETCO2 _____ SaO₂ % 96-100

Pressure manometer for bagging present: Yes / No

Spontaneous Respirations: None Shallow Deep Adequate chest expansion Symmetrical / Asymmetrical

Retractions grunting nasal flaring stridor cyanosis (central peripheral)

Breath Sounds: Right Clear Bases Decreased Rales Rhonchi Wheezes= bilateral Left Clear Bases Decreased Rales Rhonchi WheezesAirway Sx / Sputum none / small / mod / large thin / thick / frothy clear / white / yellow bloody

Pleural Tube: R x _____ L x _____ Pleur-Evac 20 cm sx 10 cm sx str drain

Comments: suctioned for thick bloody secretions
continuously; nasal/oral secretionsCARDIOVASCULAR: NSR SB ST Junctional Paced Other _____

PVC Unifocal / Multi-focal rare / occ / freq PAC rare / occ / freq

Other: _____

S1 S2: Clear Distant Muffled S3 S4 Rub Murmur ClickSkin: R UE warm / cool / cold dry / clammy / diaph pale / pink / cyan / mottled cap refill 5 secL UE warm / cool / cold dry / clammy / diaph pale / pink / cyan / mottled cap refill 5 secR LE warm / cool / cold dry / clammy / diaph pale / pink / cyan / mottled cap refill 7 secL LE warm / cool / cold dry / clammy / diaph pale / pink / cyan / mottled cap refill 7 secEdema: Face/Neck Extremities hands/feet General head/face swollen + blue colorPulses: Radial R NP L NP Brachial R NP L NP DP R NP L NP PT R NP L NP

Mediastinal CT x _____ Pleur-Evac: 10 cm/15 cm/20 cm sx / St Drain Strip and Seal Yes No

Air Leak: Yes No Drainage Serosanguinous / Serous / None

Pacer: Epicardial / Transvenous / Permanent A Wires x _____ V Wires x _____

Atrial AV Ventricular Demand / Asynchronous Wires: Disconnected Intact & insulated

Rate _____ MA _____ THRES _____ SENS _____

Capture/Sense _____ Underlying Rhythm _____

IABP: See CCFS for details Trigger ECC/A-Line Distal pulses: palp / doppler / absent

Comments: See CCFS for vital signs, hemodynamic readings, and lab results

benign pulses only palpableF
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Liver: palpable definite below R costal margin unable to palpate

IV Fluids Total fluids _____ hour _____ 24 hours (Concentration, Rate, Dose, Infusion Port)

① Urine NS open ② AC Epi 12mg / 100NS e 4/0 = .4mg/kg/min
 Dopamine 120mg / 100NS e 5mg/kg/min ③ femoral Central
 line for heparin / PRAX ④ femoral A line NS: Hep e 3/0

GASTROINTESTINAL: Abdominal Girth _____ Soft Firm Distended Distended Nondistended Bowel Sounds: none/hypoactive/active/hyperactiveNGT/OGT: # 12 fr. US st. / st. drain to gravity Return: none / irrigant only / clear green / tan / coffee ground / bloody

Nausea / Emesis: _____ Checked for placement per auscultation N.G. G. tube peg. button J. tube

Diet: NPO Stool 0

Comments: _____

GENITOURINARY: # 10 FR Foley U-bag Catheter to st drain Spont void _____ diaper _____ other _____

_____ FR Feeding tube to st drain

Urine: straw / yellow / amber / clear / bloody clear / cloudy Sediment: white / dark Irrigation: _____

Comments: _____

INTEGUMENTARY: Skin turgor poor Breakdown / Pressure Sore _____

Echymosis _____

Dressings / Incision neck swollen multiple IV sticks present
face very swollen along c tongue
along

Eggcrate Adult Bed Radiant Warmer Bed High top crib KOC table

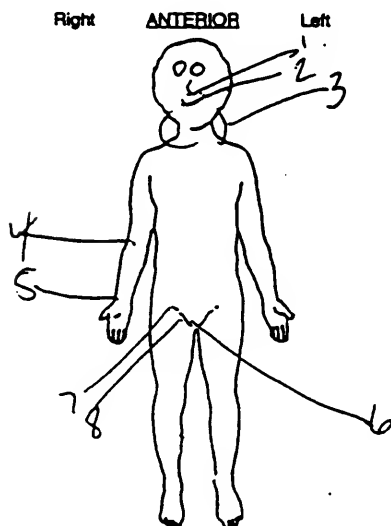
Comments: _____

PSYCHOSOCIAL/FAMILY/PARENT & CHILD INTERACTION Phoned _____ Visited _____ Touched _____ Held _____

family present very distraught

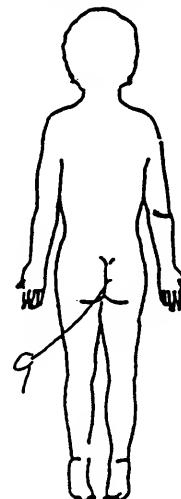
INVASIVE LINES/WOUNDS/DRESSINGS: Invasive lines patent; sites free of sx of infection; dressings dry & intact; distal ports of pressure lines transduced to standard Heparin flush with good wave form, unless otherwise noted.

PA Cath @ _____ cm



1 NGT
 2 ETT
 3 Cervical collar
 4 PIV
 5 PIV
 6 Foley
 7 A line
 8 CL
 9 Rectal probe

Left POSTERIOR Right



SIGNATURE _____

BEST AVAILABLE

NAME:
MED REC NO:
SEX:
DOB:
LOCATION:
ATTENDING MD:
ORDERING MD:
PT ACCT NO:

CONSULTATION

ORDER NO;

CLINICAL DATA:

-TRAUMA

EXAMINATION:

DIA-156 C SPINE, LATERAL ONLY

DIV: EXAM DT/TIME

DIA-101 PELVIS AP OR BILAT HIPS (1 FILM)

DIV: EXAM DT/TIME:

DIA-22 CHEST SINGLE VIEW PORTABLE

DIV: EXAM DT/TIME:

C SPINE, LATERAL ONLY

FULL RESULT:

CROSSTABLE LATERAL PORTABLE CERVICAL SPINE AT 1620 HRS: THERE IS AT LEAST 1 CM OF ATLANTO-OCCIPITAL DISLOCATION. THE REMAINDER OF THE CERVICAL SPINE APPEARS TO BE WITHIN NORMAL LIMITS. THERE IS NORMAL ALIGNMENT OF THE CERVICAL SPINE AS VISUALIZED THROUGH THE C7-T1 INTERSPACE. THERE IS MARKED SOFT TISSUE SWELLING IN THE UPPER CERVICAL REGION, HOWEVER, THE PATIENT IS INTUBATED PREVENTING FURTHER EVALUATION OF THE PREVERTEBRAL SOFT TISSUES.

IMPRESSION:

1. MARKED ATLANTO-OCCIPITAL DISLOCATION AS DESCRIBED.

ADDENDUM: THESE FINDINGS ARE CONSISTENT WITH CRANIOVERTEBRAL DISASSOCIATION.

PELVIS AP OR BILAT HIPS (1 FILM)

FULL RESULT:

AP SUPINE PORTABLE PELVIS AT 1620 HRS: THERE IS NO FRACTURE INVOLVING THE PELVIS, OR PROXIMAL FEMURS.

TRANSCRIBED BY:
READING MD:
RESIDENT MD:
SIGNING MD:

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DATE/TIME:
DATE/TIME:
DATE/TIME:

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NAME:
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DOB:
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ATTENDING MD
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PT ACCT NO:

CONSULTATION REPORT

IMPRESSION:

NORMAL TRAUMA PELVIS.

CHEST SINGLE VIEW PORTABLE

FULL RESULT:

AP SUPINE PORTABLE CHEST AT AN ENDOTRACHEAL TUBE HAS BEEN PLACED, THE TIP LIES NEAR THE CARINA. AN N-G TUBE IS IN PLACE WITHIN THE STOMACH, AND IT IS COILED WITHIN THE DUODENUM. THE HEART APPEARS NORMAL IN SIZE, AND THE MEDIASTINUM IS WIDENED AND A DISTINCT AORTIC KNOB IS NOT WELL IDENTIFIED. THERE APPEARS TO BE NO PLEURAL EFFUSIONS PRESENT. THERE ARE INCREASED DENSITIES NEAR THE HILA BILATERALLY, WHICH APPEAR TO REPRESENT AN EARLY PULMONARY EDEMA PATTERN, POSSIBLY RELATED TO THE PATIENT'S TRAUMA. THERE IS NO BONY TRAUMA TO THE THORAX PRESENT, AND NO PNEUMOTHORAX.

IMPRESSION:

1. MEDIASTINAL WIDENING AS DESCRIBED, WITH INDISTINCTNESS OF THE AORTIC ARCH. THIS RAISES CONCERN FOR POSSIBLE AORTIC INJURY.
2. EARLY PULMONARY EDEMA PATTERN, POSSIBLY RELATED TO THE PATIENT'S UNDERLYING TRAUMA.

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HEAD CT
ORDER NO:

CLINICAL DATA:

-4 Y/O S/P MVA INTUB W/ MULTIPLE INJURIES

EXAMINATION:

CNE-1 CT HEAD W/OUT CONTRAST

DIV:

EXAM DATE

FULL RESULT:

NO OLD COMPARISON.

ALL SCANS WERE OBTAINED WITHOUT THE INTRAVENOUS ADMINISTRATION OF CONTRAST.

THERE IS DIFFUSE LOSS OF THE CEREBRAL AND CEREBELLAR GRAY-WHITE DIFFERENTIATION INDICATING GENERALIZED CEREBRAL EDEMA. THERE IS INTRAVENTRICULAR HEMORRHAGE IN BOTH LATERAL VENTRICLES LAYERING DEPENDENTLY. THE QUADRIGEMINAL PLATE CISTERN AND THE FOURTH VENTRICLE ARE NOT CLEARLY SEEN WHICH MAY BE SECONDARY TO INCREASED INTRACRANIAL PRESSURE OR ON THE BASES OF ISODENSE CSF FILLING THESE SPACES. LINEAR REGIONS OF INCREASED DENSITY ARE SEEN AT THE VERTEX REPRESENTING SUBARACHNOID HEMORRHAGE AS WELL AS A FOCAL AREA OF INCREASED DENSITY ON THE ANTERIOR ASPECT OF THE RIGHT VERTEX INDICATING AN EXTRA-AXIAL FLUID COLLECTION. ALSO NOTED IS A LEFT PARIETAL BONE NONDISPLACED SKULL FRACTURE.

EXAMINATION OF THE SCOUT IMAGE REVEALS DIFFUSE PREVERTEBRAL SOFT TISSUE SWELLING AS WELL AS ATLANTO-OCCIPITAL DISLOCATION.

IMPRESSION:

1. THERE IS ATLANTO-OCCIPITAL DISLOCATION SEEN ON THE SCOUT. IN ADDITION, THERE IS DIFFUSE CEREBRAL EDEMA, INTRAVENTRICULAR HEMORRHAGE, AND SUBARACHNOID HEMORRHAGE.
2. SMALL EXTRA-AXIAL FLUID COLLECTION PRESENT AT THE RIGHT VERTEX.

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ORDERING MD:
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CT OF THE ABDOMEN AND PELVIS
ORDER NO: [REDACTED]

CLINICAL DATA:

—4 Y/O S/P MVA INTUB W/ MULTIPLE INJURIES

EXAMINATION:

CBE-86 CT ABDOMEN/PELVIS
72193.52

DIV: EXAM DATE

FULL RESULT:

NO OLD COMPARISON. ALL SCANS WERE OBTAINED AFTER THE INTRAVENOUS ADMINISTRATION OF CONTRAST ACCORDING TO PROTOCOL. NO ORAL CONTRAST WAS ADMINISTERED. THERE ARE BILATERAL PLEURAL EFFUSIONS, RIGHT GREATER THAN LEFT. THERE IS ATELECTATIC PORTION OF THE LEFT LOWER LOBE. THERE IS NO EVIDENCE OF ANY PNEUMOTHORAX.

THE EXAMINATION OF THE LIVER REVEALS LOW DENSITY SURROUNDING THE PORTAL VEINS EXTENDING OUT INTO THE PERIPHERY LIKELY REPRESENTING PERIportal FLUID WHICH MAY REPRESENT EDEMA OR HEMORRHAGE. WITHIN THE POSTERIOR ASPECT OF THE RIGHT LOBE OF THE LIVER, THERE ARE PATCHY AREAS OF LOW DENSITY LIKELY REPRESENTING A SMALL HEPATIC CONTUSION. BOTH KIDNEYS SHOW EVIDENCE OF PERFUSION, BUT DO NOT EXCRETE CONTRAST ON THE DELAYED IMAGES. THE SPLEEN IS UNIFORMLY LOW IN DENSITY, WHICH MAY BE THE RESULT OF HYPOVOLEMIA OR VASCULAR PEDICLE INJURY. IN ADDITION, THERE IS LOW DENSITY PRESENT THROUGHOUT THE RETROPERITONEUM LIKELY REPRESENTING FLUID. THE IVC APPEARS COLLAPSED ALSO LIKELY AS A RESULT OF HYPOVOLEMIA. MULTIPLE DILATED LOOPS OF LARGE AND SMALL INTESTINE ARE NOTED. NO FREE INTRAPERITONEAL AIR IS PRESENT.

EXAMINATION OF THE BONY STRUCTURES REVEALS NO EVIDENCE OF ANY FRACTURE.

IMPRESSION:

1. FINDINGS CONSISTENT WITH PERIportal EDEMA/HEMORRHAGE AS WELL AS AN AREA OF PROBABLE CONTUSION WITHIN THE POSTERIOR ASPECT OF THE RIGHT LOBE OF THE LIVER. [REDACTED]

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CLINICAL DATA:

-CHECK TUBE PLACEMENT

ADDITIONAL CLINICAL DATA: S/P CRANIOCERVICAL DISRUPTION.

EXAMINATION:

DIA-22 CHEST SINGLE VIEW PORTABLE

DIV: EXAM DT/TIME

DIA-30 ABDOMEN SINGLE VIEW PORTABLE

DIV: EXAM DT/TIME

CHEST SINGLE VIEW PORTABLE

FULL RESULT:

CHEST/ABDOMEN, PORTABLE AT 1910 HOURS: SEE IMPRESSION.

IMPRESSION:

ET TUBE IS AT THE CARINA. THERE IS SIGNIFICANT WIDENING OF THE MEDIASTINUM, AND THERE IS PERIHILAR EDEMA. THIS MAY BE A HEMATOMA DISSECTING INTO THE MEDIASTINUM FROM THE NECK, BUT A MEDIASTINAL VASCULAR INJURY COULD ALSO CAUSE THIS APPEARANCE.

ABDOMEN SINGLE VIEW PORTABLE

FULL RESULT:

SEE ABOVE.

IMPRESSION:

SEE ABOVE.

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RESIDENT MD:
SIGNING MD:

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2. BOTH KIDNEYS PERFUSE, BUT DO NOT EXCRETE CONTRAST ON THIS EXAM. THIS ~~LIKELY~~ IS THE RESULT OF HYPOVOLEMIA/ATN.

3. THE SPLEEN DOES NOT APPEAR TO BE PERFUSE ON THIS EXAM ALSO LIKELY THE RESULT OF HYPERPROFUSION OR VASCULAR PEDICLE INJURY.

4. LARGE AMOUNT OF FLUID WITHIN THE RETROPERITONEUM.

5. BILATERAL PLEURAL EFFUSIONS, RIGHT GREATER THAN LEFT WITH EVIDENCE FOR ATELECTASIS OF THE LEFT LOWER LOBE.

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WALLET/PURSE
MONEY \$ _____
WATCH
RING
EARRING
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NECKLACE
HEARING AID
GLASSES
CONTACTS
DENTURE
UPPER
LOWER

| TIME | BP | HR | RR | SA | T | HCT | GCS | E | V | M | Med | Notes |
|------|-----|-----|-----|----|---|-----|-----|---|---|---|-----------------------|--|
| | | | | 02 | | | | | | | | |
| 5:20 | 92 | 91 | 103 | | | | 11 | 1 | 1 | | Rup Glycine Vib | Arrive in SE. Patient appears A bit tired. Weak femoral pulse Sensibility @ knee joint 15% Knee air - hot, not OK (abn) |
| 5:37 | 90 | 103 | 100 | | | | | | | | Sp 2cc 10 | Blind stream - No flow adm TA or RA Pul or sum |
| 5:45 | 117 | 103 | 100 | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 120 | 120 | 92 | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 82 | 97 | | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 104 | 104 | 91 | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 82 | 97 | | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 116 | 123 | 100 | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 82 | 97 | | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 112 | 103 | 100 | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 100 | 97 | | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 95 | 93 | 94 | | | | | | | | Sp 2cc 10 | pull stream |
| 5:46 | 92 | 95 | | | | | | | | | Sp 2cc 10 | pull stream |

DISPOSITION: UNIT & ROOM _____ HOME TIME _____

REPORT GIVEN TO: _____ RN. BY: _____

* DENOTES NEW RESULT

BEST AVAILABLE

| ***** ARTERIAL BLOOD GASES ***** | | | | | | |
|----------------------------------|-----------|-------|--------|-------|-------------|---------------|
| TEST: | pH | pCO2 | pO2 | HCO3 | BASE EXCESS | FI02 |
| UNITS: | | mmHg | mmHg | mM/L | mM/L | |
| LO-HI: | 7.35-7.45 | 35-45 | 75-100 | 21-29 | | |
| | 6.96L | 26L | 76 | 6L | NEG 26 | 100 |
| | CVC | | | | | |
| | (a) | | | | | |
| | 7.01L | 45 | 156H | 11L | NEG 19 | NO FI02 GIVEN |
| | E CHECKED | | | | | |
| | CVC | | | | | |
| | (b) | | | | | |
| | BY 334 | | | | | |

| ----- ARTERIAL BLOOD GASES ----- | |
|----------------------------------|------------|
| TEST: | O2 |
| UNITS: | SATURATION |
| LO-HI: | % |
| | 86 |

| ***** WHOLE BLOOD CHEMISTRIES ***** | | | |
|-------------------------------------|---------|-----------|---------|
| TEST: | SODIUM | POTASSIUM | IONIZED |
| UNITS: | mEq/L | mEq/L | CALCIUM |
| LO-HI: | 136-145 | 3.5-5.0 | 4.2-5.0 |
| | 143 | 3.3L | 3.5L |

---FOOTNOTES---

CVC CRITICAL VALUE(S) CALLED TO
 (a)
 (b) C. EXLINE AT

CONTINUED

MEDICAL EXAMINER'S REPORT

☒ Resident
☐ Non-resident

BEST AVAILABLE

DECEDENT: _____ AGE: 4yr RACE: CAUCASIAN SEX: FEMALE
First Name / Middle Name Last Name
ADDRESS: _____ M W (S) D OCCUPATION: _____
Number and Street
City or County Zip Code
SSN: _____ EMPLOYER: _____

TYPE OF DEATH: (Check one only)

- ☐ Sudden in apparent good health
☐ Unattended by physician
☐ In prison, jail, or police custody
☐ Suspicious
☐ Unusual
☒ Violent or Unnatural
☒ Means weapon

AUTO / TRUCK

UNRESTRAINED

| | Last Seen Alive | Injury or Illness | Death | Medical Examiner Notified | View of Body by Medical Examiner | One of the Following: |
|------|-----------------|-------------------|-------|------------------------------|-------------------------------------|---|
| DATE | | | | | | <input type="checkbox"/> DRIVER |
| TIME | | | | | | <input checked="" type="checkbox"/> PASSENGER |
| | | | | | | <input type="checkbox"/> PEDESTRIAN |

NOTIFICATION BY _____ OFFICIAL TITLE PEDIATRIC ICU RESIDENT
ADDRESS _____
INVESTIGATING OFFICER _____ JURISDICTION _____ HOME NO _____

| | LOCATION | CITY OR COUNTY | TYPE OF PREMISES (E.G., HIGHWAY, ETC.) |
|--|----------|----------------|---|
| INJURY OR ONSET OF ILLNESS | | | |
| DEATH | | | |
| VIEWING OF BODY BY MEDICAL EXAMINER | | | |

| DESCRIPTION OF BODY | | NOSE | MOUTH | EARS | RIGOR | LIVOR | NON FATAL WOUNDS |
|--|---|------------|------------|------------|--|---|--|
| <input type="checkbox"/> Clothed <input checked="" type="checkbox"/> Unclothed <input type="checkbox"/> Partly Clothed | Blood | <u>(+)</u> | <u>(+)</u> | <u>(+)</u> | <input type="checkbox"/> Jaw | Color <u>PINK</u> | <input checked="" type="checkbox"/> Abrasion <input type="checkbox"/> Burn |
| Hair Color <u>Brown</u> Beard _____ Mustache _____ | Froth | — | — | — | <input type="checkbox"/> Neck | <input type="checkbox"/> Anterior | <input checked="" type="checkbox"/> Contusion <input type="checkbox"/> Stab |
| Pupils: <u>R 5mm L 5mm</u> Eyes: Color <u>Brown</u> | Other (Sand, dirt, water, etc.) | — | — | — | <input type="checkbox"/> Arms | <input checked="" type="checkbox"/> Posterior | <input type="checkbox"/> Gunshot <input type="checkbox"/> Incised |
| Body Heat <u>WARM</u> Scars, tattoos, etc. <input checked="" type="checkbox"/> | | | | | <input type="checkbox"/> Legs | <input type="checkbox"/> Lateral | <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture |
| <u>Cool Extrem.</u> | WEIGHT <u>~56 lbs</u> LENGTH <u>46"</u> | | | | <input checked="" type="checkbox"/> Complete | Regional _____ | DISTRIBUTION: <input checked="" type="checkbox"/> Scalp <input type="checkbox"/> Chest <input checked="" type="checkbox"/> Face |
| | | | | | | | <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Back |
| | | | | | | | <input type="checkbox"/> Abdomen <input type="checkbox"/> Legs |

| FATAL WOUNDS (GUNSHOT, STAB, ETC.) | size / shape | burn / powder | Location: Top of head / L, R of midline | PLANE, LINE OR DIRECTION |
|------------------------------------|--------------|---------------|--|--------------------------|
| <u>BLUNT TRAUMA TO HEAD</u> | | | | |

| | | |
|---|---|--|
| CAUSE OF DEATH: <u>SEVERE ANXIL / ISCHEMIC</u> <u>BRAIN DAMAGE 2° ATLANTO-</u> <u>OCIPITAL DILATION 2° MVA</u> | MANNER OF DEATH: (Check one only) <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending | AUTOPSY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No AUTHORIZED BY: _____ Pathologist _____ Autopsy No. _____ |
|---|---|--|

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with §32.1-283, Code of Virginia; and that the information contained herein regarding such death is correct to the best of my knowledge and belief.

BEST AVAILABLE

MEDICAL ATTENTION & INSTITUTIONAL CARE:

NAME OF PHYSICIAN OR INSTITUTION

AD

DIAGNOSIS

DATE

CIRCUMSTANCES OF DEATH:

| | NAME | Official Title or Relationship to Decedent | ADDRESS |
|--|--------------------|--|---------|
| FOUND DEAD BY | | | |
| LAST SEEN ALIVE BY | | GRANDMOTHER | |
| WITNESSES TO INJURY OR ILL- NESS AND DEATH | <i>[Signature]</i> | | |

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

The deceased is a 4yr old WF unrestrained passenger who was riding in the front passenger seat of a car owned by her grandmother. The car was traveling at a speed exceeding the maximum speed limit in the area. The vehicle hit the back end of a pickup truck which was turning left across the path of the oncoming vehicle. Although the car had dual airbags, apparently the child was projected over the airbag and struck the windshield. The child was pulseless and apneic upon arrival of EMS personnel. The child was resuscitated during transport to the hospital as well as during transfer via ambulance. A spontaneous pulse was achieved (p estimated 45-60 minutes of resuscitation efforts). The child was completely flaccid & bilateral fixed/dilated pupils. Spontaneous respirations were absent. Head CT revealed severe global anoxic damage as well as a marked atlanto-cervical dislocation. Abdominal scans revealed multiple liver lacerations. Due to the grave nature of the injuries support was withdrawn.

Toxicology sent: ☐ Yes ☒ No

☐ Blood

☐ Urine

☐ Other

in stable condition @

DECEDENT

(?) One of the passengers of the pickup truck sustained very minor injuries not requiring hospitalization. was released @